CITY OF MADISON Sister Cities Grant Program Application for Discretionary Funding for 2013

Contac	t Person:	_ Phone:	
E-Mail			
	PROJECT NARRATIVE		
1.	Briefly describe your proposed project.		
2.	Briefly describe your project goals and objectives. How will this project specifically relate to the mission of your Sister Cities program? (attach relevant documentation and support material an necessary)		
3.	Describe in detail the specific activities that will be undertak	e in detail the specific activities that will be undertaken to meet the projects objectives.	
4.	What is the general timeline for the project?		
5.	What is the total cost of the proposed project?	\$	
6.	Amount requested from the City of Madison (\$500 max)	\$	
7.	Amount of matching funds from organization?	\$	
8.	Additional funding sources (if necessary)	\$	

This application must be submitted to the
City of Madison Mayor's Office,
City-County Building, Room 403 210 Martin Luther King Jr. Blvd.
Madison, WI 53703
or send via e-mail to Lisa Olmsted at lolmsted@cityofmadison.com