



Appendix A

MHC Officials Development Grant Program

In order to be considered, Appendix A must be completed in full

Date: _____

Name of Applicant:

Address

Phone #

Email:

Type of Grant:

Re-certification

Upgrading

Host Agency/Event Attending:

Name

Address

Date

Level of Certification:

Levels to be Upgraded from/to:

Projected Expenses:

Projected Revenues:

Facility
 Required Resources
 Honorarium
 Accommodation
 Meals
 Transportation
 Advertising
 Other

Sponsorship
 Other

Total Expenditures:

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Total Revenues

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A program of:

TOTAL REVENUE
 TOTAL EXPENDITURES
 NET (PROFIT/DEFICIT)



Copies of receipts will be required for verification of expenses