

Michigan Campus Compact
AmeriCorps*VISTA Host Campus Application 2010-2011
Title Page

Host Campus MCC Member
Institution: _____ Department: _____

VISTA Supervisor
Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone Number: _____
Fax Number: _____
Email: _____

Information about the Authorized Institutional Fiscal Officer (Legal Applicant) responsible for appropriating funds
Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone Number: _____
Fax Number: _____
Email: _____

Authorized Signature: The legal applicant certifies to the best of her/his knowledge that this data is true and correct, that the filing of this application has been duly authorized by the governing body of the applicant and that the applicant will comply with the assurances required if the proposal is approved.

Name _____ Title _____

Signature _____ Date _____

May MCC adapt and share elements of your proposal with others in grant writing workshops, for future MCC *VISTA grant applicants and/or on our website?

check one: Yes No