



APPLICATION FOR FUNDING REQUEST

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax Number: _____

Website: _____

Main Contact: _____ Title: _____

Email: _____

Project Name: _____

Amount of Funding Requested:\$ _____ Desired Receipt Date: _____

The mission of the Minnesota Precision Manufacturing Association is to continually identify and aggressively engage our membership in those activities that develop and support a fully-integrated precision manufacturing presence in Minnesota.

The Workforce Development Committee oversees most funding requests presented to the MPMA. The goals of the Workforce Development Committee are as follows:

- 1. To develop and/or support programs that attracts and train workers into the field of precision manufacturing.*
- 2. To provide training to incumbent workers of member companies.*

All requests for funding must directly contribute to the overall goals of the MPMA and the Workforce Development Committee in order to be considered for funding.

- 1. Please provide a brief description of organization:**
- 2. Please provide a brief description of the project or program for which you are requesting funding including budgetary needs, existing partnerships, collaborations and expected goals:**
- 3. Is there a formal curriculum established? ___Yes ___No**
If yes, please provide a copy of the curriculum.
- 4. How will this program contribute to the MPMA mission, goals, etc.?**