

Purpose of Grant

Grant Proposal Name and Description:

Please select in what way(s) this grant will aid in the furtherment of MAGIC Grants's charitable mission:

- | | |
|--|--|
| <input type="checkbox"/> Project Research | <input type="checkbox"/> Project Interoperability |
| <input type="checkbox"/> Project Development | <input type="checkbox"/> Project Feature Enhancements |
| <input type="checkbox"/> Project Security (including audits) | <input type="checkbox"/> Project Efficiency Improvements |
| <input type="checkbox"/> Project Critical Infrastructure | <input type="checkbox"/> Project Educational Materials |
| <input type="checkbox"/> Project Community Building and Community Infrastructure | <input type="checkbox"/> Scholarships |
| | <input type="checkbox"/> Other |

Please describe in detail:

Approved and Signed by the MAGIC President on behalf of the MAGIC Board

Name:

Date:

Grant Payment Checklist

Are funds to be paid before work is completed? If this is a requirement, please contact the MAGIC Board to see if this is possible. It's significantly better to pay after work is done. Please briefly describe the payout procedure:

- ☐ All funds are paid AFTER completion of milestones
- ☐ Something else (contact the MAGIC Board)

Are there any other special restrictions for this grant, or is there anything else unusual about it that the MAGIC Board should know about? Be specific.

Conflict of Interest Disclosure

Committee Member Name:

All committee members must fill this sheet out for each grant.

1. Do you have a possible Financial Interest relating to this grant proposal? If yes, please describe in detail.

Committee members can't apply for grants from their related Fund.

2. Do you have a possible Conflict of Interest relating to this grant proposal? If yes, please describe in detail.

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3. Are there any other relevant details you feel it would be beneficial for you to share regarding your relationship with the grant proposal?

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