A. Grant Application --- COVER SHEET

Date of Application:_____

Legal Name of Organization Applying:_____

(Should be same as on IRS determination letter and as supplied on IRS Form 990. Federal I.D. # _____ (Do not supply IRS letter.)

Year Founded:_____ Current Operating Budget: $_____

Executive Director:_____ Phone Number:_____

Contact Person/Title/Phone Number: _____
(If different from Executive Director)

_____

Principal Address of Administrative Office:_____

City/State/Zip: _____

Fax Number:_____

Project Name:_____

Purpose of Grant:_____

_____

_____

Dates of the Project:_____ Amount Requested: $_____

Total Project Cost: $_____

Geographic Area Served:_____

List any previous support from this Community Foundation in the last 5 years:_____

_____

_____

_____
(Signature, President, Director or Administrator) *(Date)*

_____
(Type Name and Title)

_____
(Signature, Project Director) *(Date)*

_____
(Type Name and Title)

_____
*(Signature, Youth Participant)** *(Date)*

_____
(Type Name and Title)

* If grant is for Youth, please explain clearly in your narrative the youth involvement in the project and in the grant writing process.

FOR OFFICE USE ONLY

Board Action: Approved _____ Denied _____ Date:_____

Amount _____ Fund_____Interest Code_____Request Type Code_____

Schoolcraft County

Community Foundation

Mini Grant Application

(Please Print)

Date: _____ Amount Requested: _____

Name & Address of Organization: _____
_____
_____
_____
_____

Phone Number: _____ Program/Project Name: _____

Name/Position of Applicant: _____

Tell about your project, program or item you wish to buy. You may want to use the following questions in order to tell about your project, program or item. Why is it important or special? What good will it serve? Who and how many will it help? How long will the project or program last? Will any volunteers be used? Remember the Community Foundation seldom grants money for consumable items.

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If you receive the grant, how will the money be used? The foundation may decide to fund a portion of your request. Therefore, please indicate how much each item costs.

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Signature of Applicant: _____ Date: _____

Mail completed application to:

Schoolcraft County Community Foundation
P.O. Box 452
Manistique, MI 49854

Grants are awarded semi-annually. Deadline for submitting applications is September 30 and March 31 of each year. Grants are awarded in October and April.