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TOBACCO SETTLEMENT FUND GRANT APPLICATION INFORMATION

The Community Foundation for Northeast Michigan (CFNEM) welcomes your application for grants from the Tobacco Settlement Fund.

Specific grant focus: projects or programs that address tobacco-related issues and benefit the residents of the northeast Michigan counties of Alcona, Alpena, Montmorency and Presque Isle.

- Annual application deadline: January 15 (or postmarked by January 15).
- Eligible applicants: non-profit charitable organizations who are recognized under section 501 (c)(3) of the IRS code and who serve residents in the counties of Alcona, Alpena, Montmorency, and Presque Isle. (Schools, churches, and government agencies are also eligible.)
- Grants are not made to individuals
- Maximum award amount: \$3,000 (to be used only for expenses incurred after Board approval)
- Funding availability: March – following Board approval (usually within six weeks of the deadline date)
- Term of grant: one year (possible time extension of six months)

*Please contact the CFNEM office if you have any questions.
Fillable applications are available on our website at www.cfnem.org*



TOBACCO SETTLEMENT GRANT APPLICATION FORM

Date of Application: _____

Legal name of organization applying: _____
(Name on IRS non-profit determination letter and as stated on IRS Form 990.)

Year Founded: _____ Current Operating Budget: \$ _____

EIN/Federal ID Number: _____ (required)

Executive Director: _____ Phone: _____

Project contact person and title:
(if different from executive director): _____

Address for primary correspondence: _____

City/State/Zip: _____ Day Phone: _____

Fax: _____ E-mail: _____

Project Name: _____

Purpose of Grant (one sentence): _____

Dates of the Project: _____ Amount Requested: \$ _____

Total Project Cost: \$ _____

Geographic Area Served: _____

Signature, project contact person

Date

Printed name and title

Signature, president, executive director, or principal

Date

Printed name and title

PROJECT OVERVIEW

Provide a brief description of your organization (i.e. years of operation, services provided).

Briefly describe your project/program. What is the target population and how many people will benefit? Will you be collaborating with other organizations or using volunteers?

Project Budget: Specifically, what items or services will be purchased with a Tobacco Settlement grant? Briefly explain how your project/program will be funded.

***If you are awarded a grant, you will be asked to provide a brief final report of your project.**

A COMPLETE CFNEM GRANT APPLICATION INCLUDES THE FOLLOWING:

- **Completed grant application**
- **If necessary, additional documentation may be requested.**

Application submission instructions

Applications must be submitted to the Community Foundation office before 5:00 p.m. of January 15 or postmarked by the deadline date.

Mail: CFNEM, P.O. Box 495, 100 N. Ripley, Suite F, Alpena, MI 49707

Email: wiesenj@cfnem.org (must be a scanned version to include signatures)

Fillable Tobacco Settlement applications are available on our website at www.cfnem.org.