

## **COMMUNITY IMPACT**MINI-GRANT APPLICATION

(For grants up to \$1,000)

The Community Foundation for Northeast Michigan (CFNEM) considers grant requests three times each year. The original application should be submitted to the CFNEM office at 100 N. Ripley, Suite F, P.O. Box 495, Alpena, Michigan, 49707 or via e-mail to wiesenj@cfnem.org, by January 15, July 15 or October 15 for review by the grant screening committee. (You may reproduce this application on your word processor. If you will not be using a computer, please be sure your application is legible and written in ink.)

Street Address:	City/State/Zip:
EIN/Federal ID Number:	(required)
Executive Director:	Phone:
PROJECT CONTACT INFORMATION	
Project Contact Person and Title:	
Street Address:	City/State/Zip:
Phone:	_ E-mail Address:
Title and Date of Program/Project:	
Amount requested:	
(Not to exceed \$1,000	

Please complete both pages.

• Applicant Organization: Briefly describe the applicant organization.			
Project Budget: Include a list of anticipated revenues and expenses, and used to purchase.	d the specific items or services for which this grant will be		
CERTIFICATION			
To the best of my knowledge and belief, statements in the foregoing has been duly authorized by the governing body of the applicant; an applicable laws, regulations, terms and conditions in effect at the ti	nd the applicant organization will comply with		
I understand that CFNEM, in evaluating this grant application, may all of the information submitted as part of this request with advisors			
If a 501(c)(3) nonprofit organization, school, church or governmental bo	ody:		
Signature of President or Executive Director of Applicant Organization	Date		
Signature of Project Contact Person	Date		
*Note: If you complete this form on your computer, you may save applications must be submitted by mail to CFNEM, 100 N. Ripley wiesenj@cfnem.org. Once you have completed the application, p	, Suite F, Alpena, MI 49707 or e-mail to		

and one for your records.