



Community Impact Mini-Grant Application

Grant Deadline: December 15

Date of Application: _____

Legal name of organization applying: _____
(Name as it appears on 501(c)(3) determination letter)

EIN/Federal ID Number (*required*): _____

Executive Director: _____ Phone: _____
(*superintendent or principal if for a school*)

Project contact person and title: _____

Primary address for correspondence: _____

City/State/Zip: _____ Phone: _____

E-mail: _____ Fax: _____

Title of program/project: _____ Project Date: _____

Amount requested (not to exceed \$300): _____

Program description: Describe the project giving a brief overview of how it will be carried out, who will benefit from it, and any other general information to show how the grant funds will be utilized.

Applicant organization: Briefly describe the applicant organization.

Project budget: Include a list of anticipated revenue and expenses.

Straits Area Community Foundation considers Community Impact mini-grants once a year. An original application should be submitted to the Foundation office at P.O. Box 495, Alpena, MI 49707 by December 15 for review by the grant screening committee.

Certification

To the best of my knowledge and belief, statements in the foregoing application are true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant organization will comply with applicable laws, regulations, terms and conditions in effect at the time of the grant.

I understand that SACF, in evaluating this grant application, may, if it deems appropriate, review any and all of the information submitted as part of this request with advisors of the Foundation's choosing.

Signature of President or Executive Director of Applicant Organization
(Superintendent or Principal if for a school)

Date

Printed Name and Title

Signature of Project Contact Person

Date

Printed Name and Title

***Note:** If you complete this form on your computer, you may save it to your own computer. Mini-grant applications may be submitted by mail to SACF, P.O. Box 495, Alpena, MI 49707 or scanned and e-mailed to chitch@cfnem.org. E-mailed applications must still include the required signatures.