



Mackinac Island

community foundationSM

Grant Application

Date

Legal Name of Organization Applying

Should be same as on IRS determination and as supplied on IRS form 990)

Year Founded

Current Operating Budget

Executive Director

First Name Last Name

Email

example@example.com

Phone Number

Area Phone Number
Code

Address

P.O. Box / Street Address

City State

Zip Code

Contact Person, if different from Executive Director

Email

example@example.com

Phone Number

Area Code Phone Number

Project Name

Is this an existing grant?

Yes

No

Primary Field of Interest impacted by your proposed efforts

Dates of the Project

Amount Requested

Total Project Cost

Geographic Area Served

Name of Project:

1 Sentence

Project Summary: Explain why grant is being requested, what outcomes you hope to achieve and how you will spend the funds if granted

500 words or less.

Project Impact: Describe the expected impact of the project. Who will benefit (target population)?

500 words or less.

Timetable for implementation: Specify the activities (example: June, buy supplies, July, workshops, August, Evaluate Workshops.)

List of other partners in the project and their roles

Description of the active involvement of constituents in defining problems to be addressed, making policy, and planning the program.

Descriptions of the qualifications of key staff and volunteers that will ensure the success of the program.

Long-term strategies for funding this project at the end of the grant period.

Grant Budget

Grant Budget Format

Example

Income

Cash \$425.00 applicant organization
In-kind \$200.00 J. Lohr Inc. to set up radio
Grant \$425.00 MICF

Expenses

Motorola \$800 Radio
Fedex \$50 Shipping
J. Lohr Inc. \$200 Set up of Radio

Income

	Source	Amount	Description
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Expenses

	Source	Amount	Description
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Other Funding Sources: Please detail for funding from other sources that has been committed or is pending. Indicate the source, about, matching requirements or other contingencies and with the date funds were committed or the day a response is expected if a commitment has not yet been received.

Priorities for Partial Funding: If resources are available to support the full grant request, indicate which project expenses are highest priority and potential consequences of receiving partial funding.

Evaluation:

1. Plans for evaluation. Please include project goals, measurable objectives, and expected outcomes for this program/project.

Organization Information:

1. History:

2. Organization's mission and goals.

3. Description of current programs, activities, and accomplishments.

4. List board, staff, and volunteer involvement. Include Organization chart

The filing of this application by the undersigned, officially authorized to represent the applicant organization has been duly approved by the governing board of the applicant org

This application has not yet been approved by your governing board, notify the MICF of the action taken as soon as possible.

I submit that the above application has been filled out truthfully and lawfully.

First Name

Last Name

