

## Instructions

Enter your assigned passcode in order to continue with the completion of a grant application:\*

Which grant are you applying for?\*

- Clare Quarterly Grant Application
- Gladwin Quarterly Grant Application
- Midland Quarterly Grant Application
- Foundation Directed

Are you applying for a Youth Action Council grant?

- Yes
- No

Check here if you are applying for a Youth Action Council grant through Midland, Clare, or Gladwin Community Foundations.

- Midland Youth Action Council
- Clare Youth Action Council
- Gladwin Youth Action Council

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## Organization Information

Please confirm all unlocked fields on your Organization Profile (see menu at top of page) are up to date before continuing this application. We use the Organization Profile (see menu at top of page) to capture current information in our database.

Legal name of organization\*

Also known as

CEO First Name

CEO Last Name

CEO Email

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## Grant Request Information

### Primary Contact Information for grant request

Contact Person First Name\*

Contact Person Last Name\*

Contact Title\*

Contact Email\*

Contact Telephone\*

Request Title\*

Focus Area:\*

- Building Our Livelihood
- Caring for Our People
- Developing Our Talent
- Enriching Our Community

[Link to Focus Areas Description](#)

Amount Requested\*

Total Project Cost\*

If request supports an ongoing program please check the box below, otherwise please fill in the expected begin and end date:

- Request supports ongoing program

Begin Date

End Date

Request Summary\*

A brief statement, 500 characters or less, describing your request

## Request Narrative

**What is the purpose of your request and how does it support the mission and vision of your organization?\***

**If known, describe how your request is different from what other organizations may be doing in Midland County.**

**Please include data that supports the need for your request.\***

**Describe how your organization supports (or plans to support) equitable access to marginalized populations with this request.\***

(The Community Foundation defines equity as the reduction of barriers to allow increased accessibility to the service(s) delivered within the community.)

**Specify the activities to be undertaken and the timeline for their implementation.\***

**Will this request become (or support) an ongoing program?\***

- Yes
- No

**If yes, please indicate how the program will be sustained after the Community Foundation's initial funding is spent.**

**If applicable, list any partnerships and/or collaborations for this request.**

**What are the expected outcomes of your project/program and how will you measure the success of the project upon its completion? Please include three measurable goals.**

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## Organizational Background

**Briefly describe the purpose and history of your organization.\***

**If applicable, please indicate organization's website:**

**Describe the community or constituency you serve.\***

**Is your organization part of, or affiliated with, a larger regional, state, or national organization? If so, please explain.**

**Who are the key staff members or volunteers involved with the request? What are their roles within the request?\***

## Request Budget

**Please upload the completed PROJECT BUDGET TEMPLATE. The template should list all of the confirmed and pending sources of income and detailed expenses. The file should be titled "Project Budget". The expenses should equal the revenues in the Project Budget.\***

No file chosen

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## Additional Attachments

**Attach a list of your governance board:\***

No file chosen

**Attach a current operating budget for the organization:\***

No file chosen

**Attach the most recent year-to-date financial statement (statements do not have to be audited, these would typically be statements used as internal documents)**

No file chosen

**Attach organization's policy concerning non-discrimination:\***

No file chosen

**Attach up to three letters of support for your project:**

No file chosen

**Letter of Support File 2**

No file chosen

**Letter of Support File 3**

No file chosen

**Attach your IRS Form 990:**

No file chosen

**If you cannot provide the IRS Form 990, please explain:**

**Upload the organization's audited financial statements. If audited financials do not exist, upload an internal financial statement (i.e. - balance sheet and/or income statement).**

No file chosen

**Attach other documents that you want to submit with your application:**

No file chosen



**Other Document 2**

No file chosen

**Other Document 3**

No file chosen

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