

Schoolcraft County
Community Foundation
Mission Statement

To improve our community in both the present and the future by providing a medium, for managing endowments, making grants and involving our youth in order to meet our ever changing community needs.

Mini Grant Qualifications

1. The Schoolcraft County Community Foundation (Foundation) has a commitment to the people of the Schoolcraft County area.
2. Grants are made only to non-profit organizations, exempt from Federal taxation.
3. Grants are generally not made to individuals.
4. Grants are usually given one time only, for specific purposes.
5. Grants are made with the understanding that the Foundation has no obligation or commitment to provide any additional support to the grantee.
6. Requests for support of projects presented by religious organizations will be considered if a general need is being met and the project does not promote the teachings of a particular church or denomination.
7. No grants may be used for the any political campaign or to support attempts to influence the legislature or any governmental body other than through making available the results of non-partisan analysis, study or research.
8. The Foundation operates without discrimination as to age, race, religion, disability, sex, or national origin in the consideration of grant requests, and will award grants only to grant seekers which do not discriminate.

A. Grant Application --- COVER SHEET

Date of Application: _____

Legal Name of Organization Applying: _____
(Should be same as on IRS determination letter and as supplied on IRS Form 990. Federal I.D. # _____ (Do not supply IRS letter.)

Year Founded: _____ Current Operating Budget: \$ _____

Executive Director: _____ Phone Number: _____

Contact Person/Title/Phone Number: _____
(If different from Executive Director)

Principal Address of Administrative Office: _____

City/State/Zip: _____

Fax Number: _____

Project Name: _____

Purpose of Grant: _____

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

Total Project Cost: \$ _____

Geographic Area Served: _____

List any previous support from this Community Foundation in the last 5 years: _____

(Signature, President, Director or Administrator) (Date)

(Signature, Youth Participant) (Date)*

(Type Name and Title)

(Type Name and Title)

(Signature, Project Director) (Date)

* If grant is for Youth, please explain clearly in your narrative the youth involvement in the project and in the grant writing process.

(Type Name and Title)

FOR OFFICE USE ONLY

Board Action: Approved _____ Denied _____ Date: _____

Amount _____ Fund _____ Interest Code _____ Request Type Code _____

Schoolcraft County
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Mini Grant Application

Please print or type following this format

Program/Project Name: _____

Amount Requested: _____

Date: _____

Name & Address of Organization including Name/Position of Applicant:

Phone Number: _____

Tell about your project, program or item you wish to buy. You may want to use following questions: Why is it important or special? What good will it serve? Who and how many will it help? How long will the project or program last? Will any volunteers be used? Remember the Schoolcraft County Community Foundation seldom grants money for consumable items.

If you receive the grant, how will the money be used? The Schoolcraft County Community Foundation may decide to fund a portion of your request. Therefore, please indicate how much each items costs.

Signature of Applicant: _____ Date: _____

Mail completed application to:

Schoolcraft County Community Foundation
P.O. Box 452
Manistique, MI 49854

Grants are awarded semi-annually. Deadline for submitting applications is September 30 and March 31 of each year. Grants are awarded in October and April.