

SANILAC COUNTY COMMUNITY FOUNDATION

42 Austin Street
Sandusky, MI 48471

810-648-3634

810-648-4418 (fax)

www.sanilacfoundation.org

GRANT APPLICATION

\$0 - \$5,000 OR \$5,000+

Date: _____

Name of Applicant: _____ Title: _____

Organization: _____

Address: _____

Chair / President: _____

Contact Person: _____

Phone: _____ Email: _____

FUNDS REQUESTED: \$ _____

Note: Funds requested greater than \$5,000 require a detailed budget sheet and funding fulfillment plan to be submitted with the application. Additional pages may be submitted for space.

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- 1) What project are you asking the SCCF to fund? **Be Specific**

 - 2) What is the need for this project and what demonstrates the need?

 - 3) How many Sanilac County residents will benefit? _____

 - 4) What age groups will be served? _____



- 5) When will the project begin and end? _____
- 6) How will you measure the project's results?
- 7) Briefly describe the proposed program budget/expenses, including other funding source(s):
If Funds Requested are greater than \$5,000 please provide a detailed budget and funding fulfillment plan with this application (*plan to receive other funding if SCCF cannot provide all of the project*)
- 8) Briefly state the purpose of your organization:
- 9) List your Governing Body (Officers, Directors, Trustees – may attach an Organization Roster)
- 10) Attach one copy of your non-profit status.
- 11) Attach one copy of your organization's basic budget outlining general revenues and expenditures.
- 12) Please make twelve (12) copies of only the grant application.

Submit to SCCF Office (42 Austin St., Sandusky, MI 48471)

Applicant Signature

Chair / President Signature