COMMUNITY FOUNDATION
Capital Region Community Foundation

2024 MINI-GRANT APPLICATION

This is a sample application, please do not submit this form.
Please review our guidelines and access the online application here:
https://ourcommunity.org/nonprofit-support/grants-at-the-community-foundation

Mini-Grants are for nonprofits with operating budgets less than $200,000. Requests may be for programming, operations or project support. Event or festival sponsorships and other time-sensitive programs or projects are not eligible for a mini-grant.

A summary of your request will be included in a catalog which is presented to Community Foundation fundholders and donors for funding consideration. Requests may be funded at any time throughout the year based on the giving interests of the fundholder.

Here are a couple of tips for a successful mini-grant application:

- Be concise about what the grant will fund and the impact it will have on those you serve.
- Remember that our donor advisors will be receiving 35-40 mini-grant requests for their consideration. To stand out, you will need to be clear about how their funds will be used to benefit the community.

Here's what we will ask you when you complete a mini-grant application:

APPLICANT INFORMATION:

- Organization name, mailing address, website address, mission statement and annual operating budget
- Director/CEO of the Organization: name and title
- Federal Tax ID Number and the year the organization was established
- Are you a 501(c)3 tax exempt organization? Y/N   If not a 501(c)3, what is your exemption status?
- Michigan License to Solicit # if applicable (contact us if you have questions)
- Will you utilize a fiscal agent to apply? Yes/No If yes: Fiscal Organization Name, Contact phone and email
- Grant Contact Person: Name, Title, Email and Phone.

Demographic data: *For this section, we are defining Person of Color as anyone who does not identify as white. Please answer to the best of your ability at this point in time.*

- Number of paid employees (*full & part time*) _____ White_____ People of Color ___
- Which of the following best represents your CEO or Executive Director: White_____   Person of Color ___
- Number of additional leaders in your organization not including CEO *(senior level staff, board officers)* _____
- Number of these leaders that identify as: White_____   People of Color ___
- Number of active volunteers: _____   White_____   People of Color ___

- Number of board members: _____   White_____   People of Color ___

- Number of Board Members who make a financial gift to your organization annually _____

- Number of individuals typically served by your organization in one year in each of the following areas:

    o Clinton County ___   Eaton County ___   Ingham County ___   All other counties ___

- Does your organization collect racial demographic data on the people that directly benefit from your services?

- Please provide or estimate the number of ONLY tri-county individuals served in the past year: White___ POC___

PROJECT INFORMATION

Which of the following categories does this grant fall under? The opportunities listed in our catalog are grouped by category, based on the list below. Adult Education (Education or training for adults – all topics such as life skills, technology, parenting, language, employment skills, entrepreneurship, etc.)

➢ **Adult Education** (training or education for all topics such as life skills, technology, parenting, language, employment skills, entrepreneurship, etc.)

➢ **Animals** (wildlife, animal welfare, etc.)

➢ **Arts & Culture** (all art forms, music, museums, history, etc. Festival/event sponsorships are not eligible.)

➢ **Basic Need Items** (non-food items for those in need such as personal or diapers)

➢ **Food** (supplies or support for pantries, community meals, etc.)

➢ **Environment** (nature centers, land preserves, environmental concerns, climate, recycling etc.)

➢ **Health** (general wellness, disease support, fitness/nutrition, etc.)

➢ **Housing & Shelter** (combatting homelessness, housing initiatives)

➢ **Mental Wellness** (counseling, life skills, trauma, crisis intervention, etc.)

➢ **Youth Development** (mentoring, tutoring, leadership skills, K-12 education, childcare, etc.)

- **Please describe your grant request.** Be specific in explaining how the funds would be used and the impact it would have for your organization or those you serve. (**500** characters max)

- **Grant Budget:** List all expenses included in this grant. Total should equal the amount you are requesting!

ATTACHMENTS

- Please upload your organization's logo for publication purposes.

- Please feel free to upload any other materials (video, brochures etc.) that will help our donors better understand the work you do.

If you would like to discuss a grant idea, or if you have any questions, please contact us.
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