

**SANILAC COUNTY COMMUNITY FOUNDATION**

**P.O. Box 307  
47 Austin Street  
Sandusky, MI 48471  
810-648-3634**

**GRANT APPLICATION**

\$5000 or Less

Date:

Name of Applicant:

Title:

Organization:

Address:

Contact Person:

Phone:

Funds Requested:

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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?\_\_\_\_\_

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7) Briefly describe the proposed program budget, including other funding source(s):

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8) Briefly state the purpose of your organization:\_\_\_\_\_

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9) List your governing body (officers, director, etc.-you may attach one copy of your membership):\_\_\_\_\_

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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.

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Applicant Signature

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Chairman of your Board (if applicable)