



Marshall Community FoundationSM

Mini-Grant Application

Mini-grant requests cannot exceed \$750 and must benefit residents of Marshall and/or Calhoun County. These grants are intended to be a flexible local funding opportunity that can rapidly respond to community needs.

Date of Application: _____ Needed by: _____

Legal name of organization applying: _____
(Should be same as on IRS determination letter & as supplied on IRS Form 990)

Are you a: _____ Non Profit Corporation _____ 501(c)(3) (If yes, please provide Number) _____

Address: _____ Phone: _____

Contact Person: _____ Tax Identification Number: _____

Signature and Title of Responsible Party: _____

***Note: If submitted by a school district, the following signatures are required:

School Principal: _____ School Superintendent: _____

Description of the project, its purpose and its objectives. (Attach additional sheet if needed.)

Explain in detail how the grant dollars would be utilized. (Attach current operating budget.)

Time Frame: One time event Seed money Ongoing project Other

Geographic Area Served: _____ **Number Served:** 1-10 11-25 26-50 51-100 100+

Target Ages: 1-5 6-13 14-18 adults 65+ all ages

List other funding sources and current status (if pending, approved or declined):

If you do not receive this grant, how will it impact your project/program?

Amount requested from Marshall Community Foundation \$ _____ Total Project Cost \$ _____

Applications are accepted by:

Email: info@marshallcf.org
Fax: 269.781.9747
Mail: 126 W. Michigan Ave., Ste. 202, Marshall, MI 49068
Deliver: 2nd floor Bank of America Building