



Roscommon County
community foundation
For good. For ever.

MINI-GRANT APPLICATION

(For grants up to \$300)

RCCF generally considers grants 2 times a year. In order to be considered, an original and **fifteen** copies of this grant application should be submitted to the RCCF office at 701 Lake Street, P. O. Box 824, Roscommon, MI 48653, by the last regular workday of April or October. Grant applications will be reviewed by the Youth Advisory Council and by RCCF's Board of Trustees. (Attach additional pages if more space is required.)

Organization making the request:

Name: _____

Address: _____

Phone: _____ **Fax:** _____ **E-mail :** _____

Project Leader:

Name: _____

Address: _____

Phone: _____ **Fax:** _____ **E-mail :** _____

Program/Project:

Title: _____ **Date:** _____

Amount Requested: _____

Applicant Organization: (Briefly describe your organization; its mission and accomplishments; and tax exempt status.)

Problem Statement: (Describe the need or problem you are addressing and your objectives.)

Program Description: (Describe the project giving a brief overview of how it will be carried out, who will benefit from it, and any other general information to show how the grant funds will be utilized.)

Project Budget: (Include a list of anticipated revenues and expenses.)

ADDITIONAL MATERIALS TO SUBMIT WITH APPLICATION:

Proof of 501(c) (3), IRS tax-exemption
A current list of your Board of Directors
IRS Form 990, an Audit Statement or Financial Status
The original application and fifteen copies (only 1 copy of the 501(c) (3) and financial information needs to be attached to the original)

CERTIFICATION

To the best of my knowledge and belief, statements in the foregoing application are true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant organization will comply with applicable laws, regulations, terms and conditions in effect at the time of the grant.

I understand that RCCF, in evaluating this grant application, may, if it deems appropriate, review any and all of the information submitted as part of this request with advisors of the Foundation's choosing.

Signature of President or Director of Applicant Organization **Date**

Printed Name **Phone**

Signature of Person Responsible for Project **Date**

Printed Name **Phone**