

BE COUNTED MICHIGAN2020

Jackson County Get Out the Count Grant Application

Directions: This form may be filled out by hand, typed into Microsoft Word, submitted by email or in person.

In addition to the application, applicants are required to meet with members of the Jackson County Be Counted Michigan 2020 Group to talk over your application. This meeting will be held in June, July or August. Failure to show up to your scheduled interview will result in rejection from the application process.

If you haven't applied for a grant before, please complete the application the best you can. If you aren't sure about some of the answers, that's okay. We can talk about any question when we meet.

Send completed form to: Get Out the Count Grant
Nonprofit Network
2800 Springport Rd.
Jackson, MI 49202
Phone: 517.796.4750
by email to info@nonprofnetwork.org
by FAX to 517.784.5188

If you have any questions, please contact Regina Pinney at 517.796.4750 or info@nonprofnetwork.org

Applications will be accepted until all monies are used.

DEADLINE for application September 15, 2019

Interviews will be scheduled between September 20 -25, 2019

Accepted application funding will be available when project begins

Group Name (if there is one):

Your Name:

Address:

Telephone Number:

Email Address:

What is the best way(s) to reach you? By phone call By text message By email

Amount requested \$ _____ (Up to \$5,000)

Describe your project.

How did your group identify this project as something it wants to tackle?

How will the project strengthen your city block, neighborhood, local institution (group, school, library, church, community center, etc.), park or rural community?

Are you working with any other community groups?

Imagine that you have received the funds and have completed your project. How will you know you achieved what you hope to achieve?

How many people will be affected?

A short basic report will be needed when your project is finished.

YEARLY FINANCIAL INFORMATION FOR GROUP/ORGANIZATION

How much money does your group receive in a year?	\$
How much money does your group spend in a year?	\$

FINANCIAL INFORMATION FOR THIS GRANT REQUEST

What is the total amount of money needed?	\$
How much money are you requesting from Get Out the Count?	\$

If you are not requesting the total amount needed from Get Out the Count, how will you get the rest of the money?

HOW WOULD YOU SPEND GRANT MONEY – If you receive a grant, what will the money be spent on? (It is okay if all of the lines aren't filled. If you need more lines, please use another piece of paper.)

EXPENSE	AMOUNT
<i>Example: Paper, markers, and glue for art projects for 10 children</i>	<i>\$50.00</i>
<i>Example: Snacks for 10 children during art class</i>	<i>\$25.00</i>
<i>Example: Payment to art instructor for teaching 3 classes.</i>	<i>\$100.00</i>
	\$
	\$
	\$
	\$
	\$

If your group does not have its 501(c)3 status, do you have a fiscal sponsor who does have 501(c)3 status? (If not one will be provided for you.)

Would your group benefit from technical assistance? If yes, what type? (It's okay to leave this blank.)

Is there anything else you would like to tell us about your group?

When submitting this grant, please also include one letter of support from someone who benefits from your group or whose life was impacted by your group or from an organization that refers people to your group.