



## Community Impact Micro-Grant 2024 Spring Grant Application Instructions

### About the Bud Mansfield Community Impact Fund

The Chippewa County Community Foundation's (CCCF) Bud Mansfield Community Impact Fund is CCCF's unrestricted funds to grant for community impact in Chippewa County. This fund is held in permanent endowment for projects and programs that benefit community members and organizations. CCCF seeks to use these funds to do the most good in our community and for 2024-2025 we will be offering micro-grants designed to help non-profits, community groups, youth teams and organizations get the infusion they need to help begin a project, fill a pantry, meet a need and so much more. Community groups and local non-profit organizations (including churches, schools, government agencies, and community groups with a 501(C)(3) non-profit status) may apply for grants for programs that benefit individuals in Chippewa County. Finally, members review the grant proposals received and make funding recommendations to the Chippewa County Community Foundation's (CCCF) Board of Trustees.

### What are some ways organizations have used a micro-grant?

1. Provide funding for a food pantry restock
2. Provide seed funding for a larger project
3. Provide funding to complete a sign project
4. Provide funding to support an existing program

Whatever your organizations need may be a community impact grant can help provide funding to get the project started.

### Who is eligible to apply?

Community groups and local non-profit organizations (including churches, schools, government agencies, and community groups with a 501(C)(3) non-profit status) may apply for grants for programs that benefit community members in Chippewa County. CCCF values projects that promote inclusiveness and that do not discriminate in hiring of staff or providing services on the basis of race, gender, religion, marital status, sexual orientation, age, national origin or disability. Applications from religious organizations for non-religious purposes will be considered.

### When and where are proposals due?

**Grant applications must be submitted either through e-mail – [Officemanager@chippewacountycf.org](mailto:Officemanager@chippewacountycf.org) or mailed/dropped off at the CCCF's office by June 1<sup>st</sup>, at 4:00 p.m.**

Chippewa County Community Foundation  
Office: 511 Ashmun St., Suite 202 (second floor of Huntington Bank)  
Mail: PO Box 1979  
Sault Sainte Marie, MI 49783

If you have any questions, please e-mail: [officemanager@chippewacountycf.org](mailto:officemanager@chippewacountycf.org) or call: (906) 635-1046.

**Maximum Grant Request = \$500**

Legal name of organization applying: \_\_\_\_\_  
(Name as it appears on 501(c)(3) determination letter)

Project contact person and title: \_\_\_\_\_

Address for primary correspondence: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website (if applicable) \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

PURPOSE OF GRANT :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROJECT DATE: \_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_

TOTAL PROJECT COST: \_\_\_\_\_

\_\_\_\_\_  
Signature, Project Contact Person

\_\_\_\_\_  
Printed Name and Title Date

\_\_\_\_\_  
Signature, Executive Director *(Superintendent or Principal if for a school)*

\_\_\_\_\_  
Printed Name and Title Date

## **PROJECT OVERVIEW**

Briefly respond to the following questions in the order given.

1. Provide a brief description of your organization (i.e., years of operation, services provided, etc.)
2. Provide a brief project overview. Describe the purpose of the program, the way in which it will be carried out, how often it will be provided, how many people will be affected, etc.
3. Specifically, for what purpose will the grant dollars be used? How critical is a grant to the success of your project?
4. If applicable, how does the project involve volunteers? List the number of personnel and volunteers involved in planning and carrying out the program. List the number of paid staff and their responsibilities for the program. List any other organizations that will assist in the project.
5. Will the grant act as “seed money”? What is your plan for permanent funding after the grant is used?
6. Provide a schedule of events or timetable for your project.
7. If there are any partners please identify who they are and the role they will play.
8. How will you evaluate the success of your project?
9. Have you applied to any other organizations to cover the cost of the project? If so, please identify the organization and the amount of the request.

## **BUDGET NARRATIVE**

Please include any additional information regarding your budget and expenses you feel may need further explanation, or will help Chippewa County Community Foundation in determining grant awards.

**ATTACHMENTS:** If available and/or applicable *(to be attached to this application)*

- A. **List of organization’s governing body and officers**
- B. **A copy of IRS tax exemption letter, if applicable.**

**TOTAL PROJECT EXPENSES**

Expenses: include ***the total amount*** for each of the following budget categories in this order:

- Salaries \_\_\_\_\_
- Payroll Taxes \_\_\_\_\_
- Fringe Benefits \_\_\_\_\_
- Consultants/Professional Fees \_\_\_\_\_
- Travel \_\_\_\_\_
- Insurance \_\_\_\_\_
- Equipment (itemize on separate sheet) \_\_\_\_\_
- Supplies (itemize on separate sheet) \_\_\_\_\_
- Printing and copying \_\_\_\_\_
- Telephone and Fax \_\_\_\_\_
- Postage and Delivery \_\_\_\_\_
- Rent \_\_\_\_\_
- Utilities \_\_\_\_\_
- Maintenance \_\_\_\_\_
- Evaluation \_\_\_\_\_
- Marketing \_\_\_\_\_
- Other \_\_\_\_\_

**TOTAL PROJECT EXPENSE** \_\_\_\_\_

**TOTAL AMOUNT REQUESTED FROM CCCF** \_\_\_\_\_