



FIRST FEDERAL OF NORTHERN MICHIGAN

Legacy Foundation

Mini-Grant Application Checklist

for grants up to \$500

The First Federal of Northern Michigan Legacy Foundation considers mini-grants at the meetings held quarterly. An original application should be submitted to the Foundation via mail at P.O. Box 476 Alpena, Michigan, 49707, ATTN: Michael Mahler, Foundation President, by the first regular workday of the month in which the quarterly meeting is scheduled (March, June, September and December).

Please complete your application using the following format:

Legal Name of organization making this request: _____

Name and phone number of executive director: _____

Project contact person and title: _____

Address and phone number of contact person: _____

Title and date of program/project: _____

Amount requested (not to exceed \$500): _____

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.

Applicant Organization: Briefly describe the applicant organization.

Project budget: Include a list of anticipated revenue and expenses.

Additional materials to submit with application:

- Copy of IRS determination letter of 501(c)(3) status (or indicate if this information is already on file at FFMCF)
- A current list of the board of directors.

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 FFMCF Legacy Foundation, 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 Executive Director of Applicant Organization

Date

Signature of Person Responsible for Project

Date