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community foundation
Northeast Michigan

NORTHEAST MICHIGAN WOMEN'S GIVING CIRCLE

Grant Application

The Community Foundation for Northeast Michigan (CFNEM) welcomes your application for grants from the Northeast Michigan Women's Giving Circle Endowment Fund (WGC). Through this fund, grants will be made each year to support projects and programs that address issues important to women in Northeast Michigan. Recommendations for funding will be determined by a screening committee of donors to the WGC Endowment Fund.

Specific grant focus: projects or programs that support issues important to women in the northeast Michigan counties of Alcona, Alpena, Montmorency, and Presque Isle.

- Annual application deadline: no later than 5:00 p.m. on the first regular business day in July (or postmarked by July 1)
- Eligible applicants: non-profit charitable organizations who are recognized under section 501 (c)(3) of the IRS code and who serve residents in the counties of Alcona, Alpena, Montmorency, and Presque Isle. (Schools, churches, and government agencies are also eligible.)
- Grants are not made to individuals
- Maximum award amount: \$1,000 (to be used only for expenses incurred after Board approval)
- Funding availability: September – following Board approval
- Term of grant: one year (possible time extension of six months)

*Please contact the CFNEM office if you have any questions.
Fillable applications are available on our website at www.cfnem.org*



Confirmed in Compliance with National Standards
for U.S. Community Foundations

COMMUNITY FOUNDATION FOR NORTHEAST MICHIGAN (CFNEM)
Women's Giving Circle (WGC)
Grant Application Form

Date of Application: _____ **(Deadline: July 1)**

Legal name of organization applying: _____
(Name on IRS non-profit determination letter and as stated on IRS Form 990.)

EIN/Federal ID Number: _____

Year founded: _____ **Current operating budget:** _____

Executive Director: _____ **Phone:** _____

Project contact person and title: _____

Address for primary correspondence: _____

City/State/Zip: _____ **Day phone:** _____

Fax: _____ **Email:** _____

Project name: _____

Purpose of grant (one sentence):

Dates of the project: _____ **Amount requested: \$** _____

Total project cost: _____

County or geographic area served: _____

Signature, project contact person

Date

Printed name and title

Signature, president, executive director, or principal

Date

Printed name and title

PROJECT OVERVIEW

Provide a brief description of your organization (i.e. years of operation, services provided).

Briefly describe your project/program. What is the target population and how many people will benefit? Will you be collaborating with other organizations or using volunteers?

Project Budget: Specifically, what items or services will be purchased with a WGC grant? Briefly explain how your project/program will be funded.

***If you are awarded a grant, you will be asked to provide a brief final report of your project.**

A COMPLETE CFNEM GRANT APPLICATION INCLUDES THE FOLLOWING:

- **Completed application (with appropriate signatures)**
- **If necessary, additional documentation may be requested.**

Application submission instructions

Applications must be submitted to the Community Foundation office by July 1 (or the first regular business day of July).

Mail: CFNEM, 100 N. Ripley, Suite F, P.O. Box 495, Alpena, MI 49707

Email: wiesenj@cfnem.org. You must print and **mail** in the Cover Sheet of your application with appropriate signatures.

If submitting online, please mail in your cover sheet with appropriate signatures. An email notification will be sent to confirm receipt of your application.