**Mini-Grant Application**

**Community Development - Solid Waste Program**

**315 W. Green St.**

**Marshall, MI 49068**

 **Phone: (269)969-6395**

Mini-grant requests cannot exceed $500 and must be in line with the Solid Waste and Recycling Program’s mission to Reduce, Reuse, Recycle. These grants are intended to be a flexible, local funding opportunity that must be used to promote or establish waste reduction and reuse, recycling, composting or other “green” events. This grant is not intended to sustain existing programs or events. Calhoun County reserves the sole right to reject any application.

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| **Date of Application:**       | **Amount Requested:**  |
| **Organization Name**:       | **501(c)3:** Yes [ ] No [ ]  |
| **Address**:       | **City, State, Zip:**       |
| **Contact Person Name/Title:** | **Phone:**       **Fax:**        |
| **Email:**       | **Organization Website:**  |
| **Status of Program/Service:**New Start-up: [ ] Continuation of existing Program: [ ] Existing program funded from other funds: [ ]  | **If this project is a continuation, what was the project name and year funded:**  |
| **Organization Mission/Purpose:**  | **Description of Services provided:**  |
| **Name of program/project:**  | **Needs addressed by program/project:**  |
| **How will this program/project address needs:**  | **Is this a county wide program: Yes** **[ ]  No** **[ ]**  |
| **If no, what area will be served:**       | **Project begin/end date:**  |
| **List other agencies that will be collaborating with you on this project:**  | **Will other funds from collaborating partners be used:**  |
| **Are volunteers involved with the delivery of services:** **Yes:** **[ ]  No:** **[ ]**  | **If yes, please explain:**  |

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| **What measurable changes or outcomes do you expect the project to achieve as a result of grant funding:**  |
| **How will these interventions be measured and verified:**  |
| **What is the length of time funding is expected for the future:**  |
| **How will this funding be replaced in subsequent years:**  |
| **Is your agency monitored or reviewed by a licensing or reviewing organization: Yes** **[ ]  No** **[ ]**  |
| **If yes, please provide the name of the reviewing organization and the date of last review:**  |
| **What makes your organization or group unique to receive funding to deliver this program:**  |
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**Required Attachments** (Please mail these items with your signed original application):

* Proposed budget for program/project
* List of organization’s governing body and officers
* A copy of IRS tax exemption letter, if applicable

**Suggested Attachments:**

* A copy of the organization’s most recent annual report
* Promotional brochure

Signature of Applicant Date

Authorizing Official Signature Date