



SANILAC COUNTY COMMUNITY FOUNDATION

P.O. Box 307
42 Austin Street
Sandusky, MI 48471
810-648-3634
810-648-4418 (fax)

www.sanilacfoundation.org

GRANT APPLICATION

\$2,500 or Less

Submission: Please email all grant applications to grants@sanilacfoundation.org
In the Subject Line list: **SCCF First Responders Grant Round 2024**

DUE DATE:

JULY 01, 2024

Date: _____

Name of Applicant: _____ Title: _____

Organization: _____

Address: _____

Contact Person: _____

Phone: _____ Email: _____

Application questions listed on Page 2.
Additional space is provided on Page 3.

Please initial Pages 1 - 3.
Please sign Page 2.



FUNDS REQUESTED: \$ _____

- 1) What are your emergent needs that you are unable to fund or receive other grant funding for?

- 2) What is the need for this project, what demonstrates the need, and how would this directly benefit your department?

- 3) Are you able to use these grant monies as matching monies for a different grant?
Preference given to applications that are able to leverage matching grants.

- 4) Describe the proposed project or item(s) cost: **Be Specific**

- 5) Attach one copy of your non-profit status, tax-exempt number, or determination letter.

- 6) Attach one copy of your organization’s basic budget outlining general revenues and expenditures.

Applicant - *Name & Title*

Organization Authorized Agent - *Name & Title*

Applicant - *Signature*

Organization Authorized Agent - *Signature*



Additional Page for Answers