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Homer Area Community Foundation Mini-Grant Application

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Mini-grant requests cannot exceed \$200 and must benefit the residents of the greater Homer community. These grants are intended to be a flexible local funding opportunity that can rapidly respond to community needs and may be submitted at any time.

Date of Application: _____ Notification Needed by: _____

Grantee Organization: _____

Address: _____ Phone: _____

Contact Person: _____ Tax Identification Number: _____

Signature of Executive Director/Board President/Superintendent: _____

Briefly summarize the purpose of your request.

Please list the objectives of this program/project.

Please describe the evaluation plan for this project.

Who will benefit from this project?

Briefly describe funding options/plans for this project:

Amount requested from the Foundation \$ _____ Total Project Cost \$ _____

PLEASE LIMIT YOUR RESPONSES TO THIS ONE-PAGE APPLICATION

Applications can be mailed or dropped off to the HACF Office at P.O. Box 201,104 S. Hillsdale Street, Homer, MI 49245. Phone 517-568-3495 or visit our website www.homeracf.org for more information. Please call or e-mail (foundation@homeracf.org) if you have any questions. We will be happy to assist you.