



Mini-Grant Application

1. Applicant Information

DATE OF APPLICATION:	
NAME OF ORGANIZATION:	
ORGANIZATION ADDRESS:	
WEBSITE:	
ORGANIZATION EMPLOYER ID # (EIN):	
MICHIGAN CHARITABLE SOLICITATION REGISTRATION #:	

2. Project Information

PROJECT TITLE:	
PROJECT PURPOSE:	
PROJECT START DATE:	
PROJECT END DATE:	
AMOUNT REQUESTED FROM CSMCS:	
TOTAL COST OF PROJECT:	

Who will be the ***primary*** person for questions or other communications regarding the mini-grant?

PRIMARY CONTACT'S NAME:	
EMAIL*:	
PHONE:	

Who will be the ***secondary*** person for questions or other communications regarding the mini-grant?

ALTERNATE CONTACT'S NAME:	
EMAIL*:	
PHONE:	

3. Narrative

Organization Profile

Project Description

Project Outcome(s)

Organization’s Current Funding Sources

What will happen if CSMCS is not able to help fund this program?

4. Financial Statements

Submit your annual financial statement in a separate sheet. Please see “Mini-grant Application Instructions” for more information.

5. Examples of Organizational Documents

Submit examples of your documents, brochures, stickers, signs or copies of other information that contains the logo or mention of the CSMCS as a contributor to your organization.