Tobacco-Free Michigan

Mini-Grant Opportunity

Tobacco-Free Michigan is offering mini-grants to our members for

youth projects around ENDS and flavoring.

6 mini-grants will be available at $1,000 each.

**Guidelines:**

* Applications are due to TFM@tobaccofreemichigan.org by September 13, 2019
* Recipients must be members in good standing of Tobacco-Free Michigan.
* Recipients must have a mechanism to receive funds (to an organization or a fiduciary).
* Funds will be expended to grantees by September 30, 2019. Funds must be spent by November 30, 2019.
* A report on the project will be due by December 31, 2019 (form attached).

**Mini-Grant Proposal Checklist**

Please submit one electronic copy of each of the following to:

Tobacco-Free Michigan

[TFM](mailto:tobaccofreemi@gmail.com)@tobaccofreemichigan.org

517-231-1142

\_\_\_\_ Proposal Checklist

\_\_\_\_ Application

\_\_\_\_ Summary of Proposal

\_\_\_\_ Budget Proposal

\_\_\_\_ W-9 Form to Accompany Proposal

**Mini-Grant Request Application**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State)\_\_\_\_\_\_\_\_\_\_\_\_(ZIP) \_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check to be made payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Title Date

**Summary of Proposal**

**Narrative Application:** Please answer the questions below in narrative form for our team to review.

1. Who will be conducting the project? Please tell us about your group or team.
2. Please describe the project you would like to have funded.
   1. What are your measurable objectives for this project?
   2. Where will the project take place?
   3. When will the project take place?
   4. How many people do you expect will participate in this project?
   5. What impact will the project have in your community?
3. What will be the significance of this project (i.e., why do you want to run this project)?

**Budget Proposal**

1. Please include a projected budget narrative for the project, describing how you will spend the funds. This includes any in-kind contributions.

**Mini-Grant Reporting Form**

1. Please give an overview of the project that took place. Include the following:
   1. When the project took place.
   2. Where the project took place.
   3. Number of participants.
   4. Other funding used to complete the project (partners, etc.)
2. What was the impact of the project on your community?
3. Please report on the measurable objectives you laid out in your proposal. Tell us if your objectives were achieved, and also any changes you may make in the future for this project to help achieve them.
4. Please include photos and media from the event for documentation.
5. Include a final budget from the project. Please include if you used all the funds.
6. Please sign the report with name, title, organization.