

Straits Area Community Foundation



TOBACCO SETTLEMENT FUND GRANT INFORMATION

- TO:** Non-profit charitable organizations recognized under section 501(c)(3) of the IRS code. (Schools, churches, and government agencies are also eligible.)
- FROM:** Straits Area Community Foundation (SACF) Tobacco Settlement Advisory Committee
- SUBJECT:** Availability of grants

- **Application due date: April 1**
- **Term of grant: one year (possible time extensions)**
- **Geographic eligibility: projects and programs within Cheboygan County and Mackinaw City**
- **Maximum award amount: \$2,500**
- **Funding availability: May**

SACF is pleased to announce the availability of grants from the Council of Michigan Foundations and the State of Michigan Tobacco Settlement Partnership. This initiative supports community programs for healthy youth (those under 18) and/or healthy seniors (65 and over) through Michigan's Community Foundations.

Projects must address smoking-related issues.

If you duplicate this form on your own computer, kindly use a similar format for the information and limit the application to six (6) numbered pages. Please call the SACF office if you have any questions.



Straits Area Community Foundation Tobacco Grant Application

Date of Application: (Deadline – April 1) _____

Legal name of organization applying: _____
(Name on IRS non-profit determination letter and as stated on IRS Form 990)

Year founded: _____ Current operating budget: _____

Executive Director: _____ Phone: _____
(superintendent or principal if for a school)

Project contact person and title: _____

Address for primary correspondence: _____

City/State/Zip: _____ Day phone: _____

Fax: _____ Email: _____

PROJECT NAME: _____

PURPOSE OF GRANT (one sentence):

PROJECT DATE: _____ AMOUNT REQUESTED: _____
(\$2,500 maximum)

TOTAL PROJECT COST: \$ _____

GEOGRAPHIC AREA SERVED: _____

Signature, Project Contact Person

Printed Name and Title

Date

Signature, Executive Director (person responsible for organization)
(Superintendent or Principal if for a school)

Printed Name and Title

Date

Please check all items that apply to your project.

- New Initiative
- Existing Program
- Healthy Youth (under 18)
- Healthy Seniors (65 or over)
- Other (please specify)

501(c)(3) determination letter (please check one)
attached to this application
on file at the Foundation office

**Tobacco Settlement Project Funds
(SACF and Council of Michigan Foundations Information)**

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Name of project: _____

Geographical area served by project: _____

Target Population: (check all that apply)

- | | |
|------------------------------------|---------------------------|
| All ages | Middle school age youth |
| Infants and children under 5 years | High school youth |
| Elementary age children | Adults over the age of 65 |

Special Population (e.g. uninsured, people with disabilities, chronic illness, etc., please specify)

- | | |
|---------------------------------|----------------------------|
| Uninsured children under age 18 | Terminal medical condition |
| Uninsured adults | Mental illness |
| Alzheimer's | Spinal cord injuries |
| Diabetes | Other (specify) _____ |
| Epilepsy | Other (specify) _____ |

Description of project (50 words or less):

Funds used for:

- Personnel
- Equipment (Describe) _____
- Facility Improvement/Alteration (Describe) _____
- Brochures/Media
- Books/Videos/Computer Software
- Programming
- Other (please specify) _____

What are your goals for this project? _____

Do you have community or regional partners on this projects? _____ If yes, who? _____

Are any funds leveraged for this project? _____ How much and from whom? _____

PROJECT BUDGET: Provide a brief budget summary of how the money will be spent. Show program revenues and expenses. If you receive partial funding from SACF, will you still be able to administer your program?

EVALUATION: Describe how you will determine the success of your project or program. You will be asked to provide a follow-up report of your program.

BOARD OF DIRECTORS (please list the current directors)

*As an option you may mail this list to our office instead.

REVIEW BEFORE YOU SUBMIT YOUR APPLICATION

- Eligible programs are those that address smoking cessation and/or prevention for youth under the age of 18 or senior citizens (65 and over).**
- Grant application with appropriate signatures**
(If submitting online, please print and mail first page of application.)
- List of the current Board of Directors**
- 501(c)(3) determination letter**
(If submitting online, this documentation may be scanned and emailed to chitch@cfnem.org; faxed to 989-356-3319; or mailed to SACF, P.O. Box 495, Alpena, MI 49707.)
- If necessary, additional documentation may be requested.**

***Note:** You will need to have **both** the Executive Director and the Project Coordinator sign the first page of this application. Please print it, have it signed, and mail it to: SACF, P.O. Box 495, Alpena, MI 49707. All mailed materials must be postmarked by the deadline date.

Online Submission Tip:

You may save your completed form on your computer.

If you do not have Microsoft Outlook, you may submit your application by emailing your saved file as an attachment to chitch@cfnem.org.

*If submitting online, you will receive an email notification that we have received your application.