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Tuscola County Community Foundation (TCCF)

FOUNDERS' FUND IMPACT GRANT (FFIG) Guide / Application

This guide is provided for the purpose of informing Founders' Fund Impact Grant (FFIG) applicants of the items to be included in an Application.

To be eligible for a Founders' Fund Impact Grant, the applicant must be 501 (c) 3 organization or other tax-exempt organization (e.g. local unit of government) whose programs benefit the citizens and communities of Tuscola County.

The project grant is limited up to a \$500 grant, with rolling date on-going acceptance, until the funds are used up for the year. Repeat applicants will be considered, although new project applications may receive preferential consideration.

NOTE: The Founders' Fund Impact Grant is intended for innovative and/or start up lead projects often associated with a new idea sprung from grass roots or a smaller non-profit organizations. For other larger projects use the regular TCCF grant application process.

The Application must be signed by an authorized representative of the organization.

THE APPLICATION WILL CONTAIN THE FOLLOWING INFORMATION:

- 1) Complete the Founders' Fund Impact Grant (Form TCCF - FFIG).
- 2) Submit documented proof that applicant is a certified 501 (c) 3 or government entity.

Successful Founders' Fund Impact Grant Applicants will be required to submit a final report to TCCF at the completion of any funded project, indicating the success and impact of the funds. Inclusion of any photos/media coverage documenting the project is encouraged.

SEND COMPLETED APPLICATION (with proof of non-profit status) TO:

**TUSCOLA COUNTY COMMUNITY FOUNDATION
FOUNDERS' FUND IMPACT GRANT
PO BOX 534
CARO, MI 48723**

John Hunter, Executive Director • P.O. Box 534, Caro, MI 48723 • 989.673.8223 • www.tuscolaccf.org

Tuscola County

community foundationSM

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|---|--|--|------------------|
| Form TCCF-FFIG | | Founder's Fund Impact Grant Application | |
| 1. Applicant (Organization) Information | | | |
| Legal Name: | | | |
| Address: | | | |
| City, State and Zip | | | |
| 2. Employer Identification Number: | | | |
| 3. Type of Applicant: | | | |
| 4. Name and contact information of person to be contacted on matters involving this application: | | | |
| First Name: | | Last Name: | |
| Email: | | Phone Number: | |
| 5. Name of Project: | | | |
| 6. Summary Description of Project: | | | |
| | | | |
| 7. Funding Request Limited up to \$500.00 each request | | | |
| A. TCCF Funding | | \$ | |
| B. Applicant Funding | | \$ | |
| C. Other (specify) | | \$ | |
| D. Other (specify) | | \$ | |
| E. Other (specify) | | \$ | |
| G Total | | \$ | |
| 8. Proposed Project | | Start Date: | End Date: |
| 9. Applicant Certification & Signatures | | | |
| To the best of my knowledge and belief, statements in the attached application are true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant organization will comply with applicable laws, regulations, terms and conditions in effect at the time of the grant. | | | |
| Authorized Representative: | | | |
| First Name: | | Last Name: | |
| Title: | | Telephone Number: | |
| Signature: | | Date: | |
| Signature Of Secondary Rep (if applicable): | | | |
| First Name: | | Last Name: | |
| Title: | | Telephone Number: | |
| Signature | | Date: | |
| | | | |

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