



Tuscola County Community Foundation EMERGENCY NEEDS FUND GRANT

- Eligible applicants must be a 501 (c) (3) organization or other tax-exempt organization (e.g. local unit of government).
- This fund was established to support the emergent needs of the residents of Tuscola County. ***Priority emergent needs are defined as food, clothing, and shelter.***
- Secondary needs include organizations considered ‘first responders’ during community crises.
- Tertiary needs would include organizations providing other services during times of emergency not identified above.
- Summary project description will address how unmet needs due to current factors will be served, and the number of people you anticipate being impacted.
- **NOTE: No funding is provided for operation budgets.**
- Funding requests of \$2,000 or more will include a one page double-spaced 12 pt font sheet describing:
 - *Purpose / Goals*
 - *Identify needs being addressed*
 - *Geographic area served / physical location of program/project.*
 - *How program / project will be implemented*
 - *Target population / numbers to be served*
- Applications must be signed by an authorized representative of the organization.
- Complete the application and submit it along with documented proof that the applicant is a certified 501 (c) (3) or government entity.

Mail completed application and supporting documents to:

TUSCOLA COUNTY COMMUNITY FOUNDATION

EMERGENCY NEEDS FUND GRANT

PO BOX 534

CARO, MI 48723

TCCF Emergency Needs Fund Application

1. Applicant Information

Legal Name:	
Address:	
City, State, Zip	

2. Annual Budget:

3. Type of Applicant:

4. Name and information of contact person:

First Name:		Last Name:	
Email:		Phone Number:	

5. Name of Project:

6. Description of Project:

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7. Funding Request:

A. TCCF Funding	\$
B. Applicant Funding	\$
C. Other (specify)	\$
D. Total	\$

8. Applicant Past Funding:

Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Amount: \$
Project		

9. Proposed Project

Start Date:

End Date:

10. Applicant Certification & Signatures

To the best of my knowledge and belief, the statements in the attached application are true and correct.

Authorized Representative

First Name:		Last Name:	
Title:		Telephone:	
Signature:		Date:	