

**Microgrant Application**

**Due March 1, 2021**

**Contact Person Information**

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| --- | --- | --- | --- |
| **Name:** |  | **Organization:** |  |
| **Position:** |  | **Email:** |  |

**Organization Address**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **City:** |  | **State:** |  | **Zip:** |  | **Phone:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Full Time Staff:** |  | **Number of Part-Time Staff:** |  |
| **Organization Budget:** |  | **Population Served:** |  |

**Mission Statement**

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|  |

**Demographics**

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender of Population Served:** |  | **Age of Population Served:** |  |
| **County(ies) Served:** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nonprofit Status:** |  | **Tax Identification Number:** |  |
| **Fiscal Agent (if applicable):** |  |  |  |

**Description of Training Opportunity:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Date(s) of Event:** |  | **Location of Event:** |  |
| **Amount Requested:** | $ | **Total Cost of Event:** | $ |
| **Org. Contribution:** | $ |  |  |

**Request Summary:**

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| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

**Has your organization received previous Microgrants:**

**Please provide Attachments:**

* A copy of your IRS Letter of Determination
* Itemized Budget for this training
* Training/Course Curriculum
* Consultant Information (If applicable)