

**Microgrant Application**

**Due March 1, 2021**

**Contact Person Information**

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

**Organization Address**

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| --- |
|       |
| **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**

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

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

**Description of Training Opportunity:**

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

**Request Summary:**

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|       |

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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)