



# Chesaning United Microgrant Application

Microgrants are awarded to Chesaning Area organizations seeking funding for programs that support the three main pillars of Chesaning United: Health, Education and Human Services. Grant requested must be requested using the

Non-profit groups are encouraged to apply for a microgrant, explaining the need for funding, intended use, and community impact.

Grants Applications are evaluated on the following criteria:

- The grant request must be between \$250-\$2,000
- Be a project, program or service that enhances the lives of those in the Chesaning community or surrounding townships
- Support at least one of the three Chesaning United pillars; health, education and human services
- Be an upcoming or in process project when the grant payment is received
- Grant money cannot be used for donations to organizations, salaries, scholarships/fellowships or purchase of land or buildings
- A report must be submitted to Chesaning United at the end of the year in which your money is received

Microgrants Applications are accepted twice per calendar year, April 15-May 15 (to be awarded by June 1), and August 15-September 15 (to be awarded by October 1).

Completed Applications can be sent by email to Chesaning United at [info@chesaningunited.org](mailto:info@chesaningunited.org), or by mail to PO Box 88 Chesaning Michigan 48616



**Section 1 : Organization Information**

What is the name of requesting non-profit organization?

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What township is this non-profit organization located in?

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**Contact Information**

What is the name of the person completing the grant application?

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Phone Number

Email Address

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**Section 2: Project Overview**

Please provide information specific to the project you are requesting funds for.

Project Name

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Project Description

Include information on what you are doing, what will be accomplished, and how your project will have an impact at least once per year.

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Amount Requested (Requests must be between \$250 and \$2,000)

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What is the estimated number of people to be impacted by this project?

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**Project Overview (continued)**

What Chesaning United pillar(s) does this request align with?

Health     Education     Human Services - (Healthcare, Counseling, Food and Shelter)

Is this a new project?

Yes     No

Explain why there is a financial need for this program at this time

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**Timeline**

Please note: Grant funds must be spent within a year of disbursement and cannot be used to reimburse previously paid expenses.

What is the project expected start date? \_\_\_\_\_

What is the projected expected end date? \_\_\_\_\_

Outline any major dates throughout the project term and why they are important.

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**Section 3 - Community Needs Assessment**

In this section you will need to provide information from your community needs assessment.

What did you identify as a primary need in the community?

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What local group and/or individuals did you work with to identify your community needs?

How did you collect your information to address you community needs?

Open Forum     Survey     Community Meeting     Other

**Section 4 Budget**

This section provides an overview about your project's funding as of this moment.

If funded, what specific aspects of this project will the grant fund?

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Please submit an outline of the project budget.

A brief overview of the cost breakdown with estimated dollar amounts is acceptable. Please attach a copy of your project budget, if available

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**Chesaning United**  
The Heartbeat of the Community

Is there anything else you want to share in consideration of your grant application?

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Has this non-profit received grant funding previously from Chesaning Area United Appeal?

Yes

No

If Yes, please provide most recent year and the amount received.

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