

# Grant Application

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Forest Area Federal Credit Union, a member owned financial institution, was formed by citizens of our community to serve our members with savings and loan products in 1983. Over the years the Credit Union has been successful in providing many competitive and necessary products for our members/owners. Due to the continued success over the years, our Credit Union has been able to achieve a very high capital ratio when compared to our peers. The board of directors (an unpaid group of volunteer members) therefore, wish to announce that the Community Grant Program is now available to continue our support of our communities in a way that could enhance the lives of our members.

The Board of Directors will act as the committee to receive grant applications and will consider projects for funding such as those that contribute to improvements that support arts and culture, basic human needs, the local environment, health and safety improvement projects, recreation and support for seniors and youth.

## **What will the funding cover?**

Such things as capital improvements, new or replacement equipment, and new building projects supporting parks and recreation could qualify for funding from the grant program.

## **Application and Guidelines**

Guidelines and procedures for funding, an application package, and schedule are attached.

## **Who can apply?**

Community non-profit organizations or government units who sponsor public projects that are located in Forest Area Federal Credit Union's Field of Membership (Grand Traverse, Kalkaska, Wexford, Crawford, and Antrim Counties) can apply. **You do not need to be a member at Forest Area Federal Credit Union to apply for a grant.**

## **More Information**

Contact one of the Forest Area Federal Credit Union's Branch managers for more information and to pick up the application package for your group or organization.

## GRANT GUIDELINES:

### **Eligibility:**

1. Tax Exempt Organizations located, active or operating within the communities that Forest Area FCU serves or has a place of business.
2. Non-Profit Organizations located, active, or operating in the communities that Forest Area FCU serves or has place of business.

### **Time Period:**

1. Grants awarded ONE per calendar year
2. Grant must be expended in the grant year unless extended by FAFCU Board

### **Grant Purpose:**

1. Community improvement
2. Money must be expended for the stated purpose in the application
3. If money is not used for the stated purpose, it must be returned

Funds must be used completely for the project.

The Grant recipient must include a budget that includes all expenditures and all fund sources.

Any funds not expended in the time period must be returned to the Credit Union.

The Credit Union will determine:

1. The budget process will determine the total amount of the grant pool.
2. Grant applications will be available in each branch office.
3. Grants will be reviewed at the monthly Board of Directors meeting.
4. The project should recognize FAFCU with a sign at the project site.



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Date of Application: \_\_\_\_\_

Legal name of Organization applying: \_\_\_\_\_

Year founded: \_\_\_\_\_

Is the Organization a Member of FAFCU: \_\_\_\_\_ (Do not need to be a member)

Chairperson: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Person, Title (if different than above): \_\_\_\_\_

Principal business office/organization mailing address:

\_\_\_\_\_

Email Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Purpose of Grant:

\_\_\_\_\_

\_\_\_\_\_

Dates of the project: \_\_\_\_\_

Total cost of project: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Signatures: Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name and Title: \_\_\_\_\_

## SUPPORTING INFORMATION:

Attach additional sheets if necessary.

Statement of Need/Description of improvement necessary:

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What specific benefits do you expect will be received through this project?

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How many people will be served by the project when completed? \_\_\_\_\_

Geographic Area served: \_\_\_\_\_

**You do not have to be a member of Forest Area Federal Credit Union to apply for a grant**

## GRANT BUDGET:

A. Time period budget covers: \_\_\_\_\_

B. Expenses (No salaries are to be included)

Equipment: \$ \_\_\_\_\_

Supplies: \$ \_\_\_\_\_

Printing/Postage/Delivery: \$ \_\_\_\_\_

Other (specify): \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

C. Revenue:

Specify below the other sources and amounts that will contribute to the total project cost:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_