



Isabella Wind Community Grant Application

Name (please print):

Email*:

Mobile Phone*:

Mailing Address:

Full legal name of Organization applying for the grant:

Mailing address for Organization (if different from above):

Please provide detailed answers to the following questions. If you require additional space, we ask that you provide your responses in a separate word document and attach the form to this application when completed.

Tell us briefly about your organization. For example, you may include a brief synopsis of the organization's mission, history, or other information you think may be helpful:

Please provide a detailed description of the project to be funded, including the amount of support being requested, and total budget for the project:

What specifically will the funding be used for, and how do you envision this will benefit the community as a whole?

Please provide the names and titles of board members, or key leaders of the organization requesting the funding:

Are you willing to provide proof of registration, or qualifying non-profit status, including tax-exempt determination letter from the Internal Revenue Service?**

_____ **YES**

_____ **NO**

Questions? Please contact Isabella Wind:

989-884-0631

info@isabellawind.com

*By submitting this form, you agree to receive email or text message communication, unless otherwise requested.

**Your organization need not have a physical presence in Isabella or surrounding Michigan area counties, provided that the project to be funded meets the guidelines of our grant.