

United Way of the Eastern Upper Peninsula
Community Engagement Committee Mini Grant Application

Name of Organization (if applicable)

Contact Person

Phone Number

Mailing Address:

E-mail Address:

Amount Requested:

Start Date of Project:

Expected Completion Date:

My project should address: helping children succeed in school

Please answer the following:

What is your vision and timeline for this project?

Share with us how you would promote United Way in this project:

Do you anticipate partnering with other community organizations, businesses, or individuals?

(If yes, please describe partnerships)



How will you know you've been successful?

Will you leverage matching funds? (If so, explain)

I hereby agree that the grant funds will be used solely for the purpose identified herein. I also agree that a final report will be provided to the United Way of the Eastern Upper Peninsula's Community Engagement Committee describing the results of the project within two months of the completion date listed above. I understand that failure to submit a final report, or misuse of funds, could result in denial of future mini grant requests as well as a request to repay funds that were misused.

Applicant Signature

Date

Sponsor Information (If applicant is a student)	
Contact Name	Phone Number:
Email Mailing address	
Signature	Date

Please Submit Application to:
United Way of the EUP
ATTN: Community Engagement Committee
P.O. Box 451
Sault Ste. Marie, MI 49783

INTERNAL USE ONLY

Received: _____

Presented: _____

Report: _____

Approved:

Check Number & Date:

Denied:

Reason for Denial: