



The Friendly Garden Club of Traverse City

CRITERIA FOR GRANT FUND REQUEST

Each request for project funding will be considered using the following guidelines of priority:

1. The Friendly Garden Club of Traverse City is a 501c3 organization. We are required to give only to like kind 501c3 organizations, government units, or educational institutions.
2. Does the grant fit within our Club’s mission or objective statements. See Club program book.
3. Priority shall be given to applicants whose project shall be principally located in Traverse City or its surrounding area, unless the project warrants special consideration and the entire Club will then vote.
4. The project should address immediate and specific needs for the year requested.
5. The recipient organization shall not participate in or intervene in any political campaign on behalf of any candidate for public office. This project shall not advance any religious agenda.
6. For larger grants, matching challenges are encouraged.
7. The project shall increase the interest in the welfare of this community in cooperation with other civic, social, commercial, and industrial development.
8. The project is not a duplication service within our community, or explain how it is different.
9. The organization should have a proven record of fiscal reliability.
10. How many people will benefit from the Grant and the population served?

As a member of The Friendly Garden Club, I have reviewed the criteria before submitting this grant. I believe this grant deserves our consideration.

Name of Member (print) _____ Date of Submission _____

Signature _____ Phone Number _____

Please note that grantee can submit one additional page for explanation.



The Friendly Garden Club of Traverse City

GRANT FUND APPLICATION

Name of organization _____

Today's Date _____ Date Founded _____

Contact Person _____ Phone _____

Email _____ Mobile _____

Project Name _____

Description of Project and Objectives: _____

Project Start Date _____ Completion Date _____

Geographical Area Served _____ Amt. Requested _____

Are you a 501 C 3? Yes No Tax ID #: _____ Other _____

Will you be receiving other funding: If yes, how much? \$_____ From _____

Describe volunteer involvement: _____

Are you a government unit: Yes No Other _____

How will your project be evaluated: _____

Will you provide receipts and a report in the year it's completed: Yes No

If not, please explain. _____

Please return this form to the Finance Chairperson:

Pat Jean, 14212 Peninsula Drive, Kalkaska, MI 49646-8269

231-590-6247