

CHERRYLAND ELECTRIC COOPERATIVE
Cherryland Cares Fund



The Cherryland Cares Board of Directors welcomes your organization's request for grant funding. Organization requests are limited to those that make their services available to members of Cherryland Electric Cooperative. Disbursements annually for the benefit of organizations are generally limited to less than \$10,000 per organization.

Mission

The mission of Cherryland Cares is to help people help themselves through the accumulation and disbursement of funds for charitable purposes in the service area defined as the six-county service territory of Cherryland Electric Cooperative. This area consists of Grand Traverse, Leelanau, Kalkaska, Benzie, Manistee, and Wexford counties. This mission shall be accomplished by disbursement of funds for the benefit of individuals or family units, groups, organizations, and charities.

Funding Priorities

Education & Youth, Health & Human Services, and Community Initiatives

Minimum Qualifications

- Applicant is a 501(c)(3) non-profit that provides services within Benzie, Grand Traverse, Kalkaska, Leelanau, Manistee, and Wexford counties.
- Grant request is not for operating expenses.
- Applicant is not, nor affiliated with, a religious organization.

Funding Cycle

Applications are reviewed and grants awarded on a quarterly basis in the months of March, June, September, and December. Notifications will be e-mailed no later than the last working day of the month in which the quarterly review takes place.

Submitting an Application

Submit your completed application electronically:
Shannon Beery, sbeery@cherrylandelectric.coop

Submit your completed application via regular mail:
Cherryland Electric Cooperative, c/o Cherryland Cares Fund, P.O. Box 298, Grawn, MI, 49637

GRANT APPLICATION FOR ORGANIZATIONS
Applicant Information

Organization: _____ Date: _____

Address: _____

Telephone Number(s): _____

Contact Person: _____

E-mail Address: _____

Amount of funds requested: \$ _____ Date required: _____

Has an application been made to any other funding source? YES / NO (circle one)

If yes, please list the organization(s) and the results of each request.

Grant Application Requirements (provide on a separate sheet):

- 1) Amount being requested
- 2) State the purpose and specifics of how funds will be used
- 3) Estimate the number of individuals, families or groups served by your organization that will benefit from this request
- 4) List Michigan counties served by your organization
- 5) List other sources of funding for this project and organization as a whole
- 6) Criteria used by your organization to measure program effectiveness
- 7) Current operating statement and balance sheet
- 8) Brief organization information that includes history, mission, goals, collaborations, paid staff and volunteers (limit of 1 page)
- 9) List of officers and board members with contact information
- 10) Explain how Cherryland Cares will be publicly recognized if your organization receives funding.
- 11) Form 501(c)3 from the IRS

Authorization

Cherryland Electric Cooperative and Cherryland Cares reserve the right to request additional information, if needed. Please note that previous funding does not guarantee future funding.

I represent that I am authorized by the named organization to make this application on its behalf and to make the assertions in this certification and to bind the organization accordingly.

I attest to the truthfulness of the information contained in this application plus attachments and authorize the release of information with regard to the organization. Any persons contacted will be held harmless with respect to any information they may give. I understand that the Cherryland Cares board has the right to fully audit the use of the grant at any time. I also understand that Cherryland Cares and Cherryland Electric Cooperative may use this application, if approved, for publicity and promotional purposes.

Signature of Applicant