



**Senior Millage Mini-Grant Application**  
 Calhoun County Senior Services  
 315 W. Green Street, Marshall, MI 49068  
 (269) 781-0846

*Mini-grant requests of Senior Millage funding can be between \$500 and \$5,000. Proposed services must benefit seniors aged 60 and above living in Calhoun County. Mini-grants are intended to be a flexible funding opportunity that can rapidly respond to community needs for older adults.* Beginning in 2024, Mini-grant applications will be reviewed by the Senior Millage Allocation Committee at quarterly meetings in January, April, July, and October on the first Friday of the month at 8:00am. Applications must be submitted by the 20th of the month prior to quarterly review. **Please include a cover letter that summarize the amount requested, for what purpose, and the mission of the organization making the request on organizational letterhead.**

Organization Name: \_\_\_\_\_ 501(c)3 Yes  No

(Organization Name should be same as on IRS determination letter – Please include a copy of your IRS Nonprofit Determination Letter)

Address/City/State/Zip: \_\_\_\_\_ Date: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Has your organization received a Senior Millage funding in the past three years? Yes  No  Amount \$ \_\_\_\_\_

**Time Frame:** One time event  Seed money  On-going project  Project Start/End Dates: \_\_\_\_\_

**Geographic Area Served:** \_\_\_\_\_ **Number Older Adults to be served by this Project:** \_\_\_\_\_

**Target Groups:** All Adults 60+  All Ages-Multi-generational  Caregivers & Family Members

Other Funding Sources and Current Status: \_\_\_\_\_

Purpose of Grant: \_\_\_\_\_

How does this project meet senior needs, and how were these needs determined? \_\_\_\_\_

Explain in detail how the grant dollars will be utilized. (Attach current operating budget.) \_\_\_\_\_

Describe how project outcomes will be evaluated: \_\_\_\_\_

If you do not receive this grant, how will it impact your project/program? \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_ Amount requested: \$ \_\_\_\_\_ Date needed by: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Applications are accepted by:

Please include a cover letter with your application on letterhead  
 Email: [rauton@calhouncountymi.gov](mailto:rauton@calhouncountymi.gov)  
 Mail: 315 W. Green Street, Marshall, MI 49068

\*\*\*You may reproduce this form on your computer.\*\*\*