



VOLUNTEER MISSISSIPPI APPLICATION FOR VOLUNTEER AND CIVIC ENGAGEMENT MINI-GRANTS

ORGANIZATION NAME:

ARE YOU A 501(c)(3)? YES NO

EMPLOYER IDENTIFICATION NUMBER:

PROGRAM NAME (IF DIFFERENT FROM ORGANIZATION NAME ABOVE):

PERSON TO BE CONTACTED ON THIS APPLICATION:

NAME:

TITLE:

PHONE:

EMAIL:

AREAS TO BE SERVED BY PROJECT:

AMOUNT REQUESTED: *\$1500 minimum/\$10,000 maximum*

EXECUTIVE SUMMARY

Provide a brief summary of the project you plan to implement with funds requested.

PLAN

Please describe the plan for the proposed project in the space below by responding to all bullet points within the narrative.

- Provide a detailed description of proposed activities.
- Provide a deadline for project to be completed.
- Describe the resources you have to make the proposed activities successful (i.e. money, staff, equipment).
- Describe the key players who will implement the proposed activities (i.e. staff or existing volunteers).

COMMUNITY NEEDS, GOALS, AND IMPACT

Please describe the goal(s) and impact of your proposed project in the space below by responding to all bullet points within the narrative.

- Describe the needs in your community that this project will help address.
- List the goals(s) for the proposed project
- Describe the impact of the proposed project on your organization, volunteers, and/or community.

BUDGET

Please identify your proposed costs.

CATEGORY OF EXPENDITURES	EXPENDITURE CALCULATION COST, ITEM, QUANTITY <i>(Example: \$5 shirts x 25 = \$125)</i>
Personnel expenses	<i>Not allowable</i>
Travel	<i>Not allowable</i>
Supplies	
Equipment	<i>Not allowable</i>
Training and/or Technology	
Indirect Costs	<i>Not allowable</i>
Other: Please describe	

**I CERTIFY THAT THE ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE
REGARDING THE RECEIPT AND EXPENDITURE OF THE FUNDS.**

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

PRINTED NAME:

DATE:

*Email your completed application and W-9 to acms@ihl.state.ms.us. These funds
are made possible by the Mississippi Commission for Volunteer Service*