



Marihuana Revenue Funds – Application for Funding

Application Period: September 2–October 1

For Assistance Contact: funds@gtcountymi.gov

Applications must be submitted online by October 1st. Late or incomplete applications will not be considered

SECTION 1: APPLICANT INFORMATION

Organization Name:

Mailing Address:

Web Address:

Contact Name:

Title:

Phone Number of Contact Person:

E-mail address of Contact Person:

Organization Type (check one):

- ☐ 501(c)(3) Nonprofit
- ☐ Religious Institution / Place of Worship
- ☐ Public School
- ☐ Private School
- ☐ Charter School
- ☐ Intermediate School District
- ☐ College / University
- ☐ Economic Development Organization
- ☐ Economic Development Corporation
- ☐ Other: _____

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SECTION 2: FUNDING REQUEST

Amount Requested:

\$_____ (Must be between \$25,000 and \$100,000. Reimbursement-based disbursement required for awards above \$25,000)

Percent of overall project: _____%

Other sources of funds:

\$_____ Percent: _____%

Total Budget:

\$_____ Percent: 100%

SECTION 3: PROJECT DESCRIPTION

Project Title:

What are the start and completion dates of the proposed project?

Start: _____ Completion: _____

Project Summary:

Describe the proposed use of funds

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Briefly indicate the target population and how they will be impacted by this funding:

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SECTION 4: ALIGNMENT WITH GRAND TRAVERSE COUNTY'S 2024-27 STRATEGIC PLAN

Mission: *Grand Traverse County commits to being a leader in providing responsive, effective, quality service to our community.*

Vision: *Grand Traverse County, through innovation and collaboration with our community, cultivates a vibrant place for all to live, work, and play.*

Explain connection to the County's mission and vision:

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Check which Strategic Plan Goal(s) your project addresses:

Goals 2 and 3 are related to improving the County as an organization. If funds are requested to meet these specific goals, please explain the partnership with the County

- ☐ Goal 1: Plan for Sustainable Growth and Innovation
- ☐ Goal 2: Aid the County in Recruiting and Retaining Qualified Staff
- ☐ Goal 3: Build Trust and Transparency with the County
- ☐ Goal 4: Focus on the Needs of the Community

Explain how your project supports goal(s) checked above:

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SECTION 5: BUDGET OVERVIEW

Fully complete the table below to outline how requested funds will be spent. If you wish to include more detail regarding your project budget, please attach it to your application.

☐ **Budget Document Attached**

Revenue Sources	Amount	Committed Y/N	Notes
County Marihuana Funds			
Other grant funds			
Internal funding			
Other			
Other			
Other			
TOTAL			
Expenditures			
Salaries/benefits:			
Operating expenses:			
Materials/equipment:			
Other			
Other			
Other			
TOTAL			

SECTION 6: ORGANIZATION INFORMATION

Mission Statement:

If your organization has adopted a strategic plan, explain how it aligns with the County's:

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☐ **Strategic Plan Attached (Optional)**

Year Established:

Number of Full-Time Employees:

Have you received public funds before?

☐ Yes ☐ No

Have you received County funds before?

☐ Yes ☐ No

If yes to one or both of the previous two questions, please describe the purpose and year of the award(s):

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SECTION 7: CERTIFICATION & SIGNATURE

By signing this application, I certify that:

- The information provided is true and accurate
- I understand that if late, this application will not be considered
- I acknowledge that I have read and understand the instructions: [Application Instructions](#)
- The organization is eligible to apply under the guidelines
- The organization agrees to comply with all reporting, monitoring, and reimbursement requirements
- A service agreement will be signed if awarded funding
- All questions have been answered
- The undersigned is authorized to sign on behalf of the organization

Authorized Representative Signature:

Name (Printed):

Title:

Date:

ATTACHMENT CHECKLIST

Please ensure all the following are included with your application:

- ☐ Completed Application Form
- ☐ Project Budget Document (Optional)

- ☐ Strategic Plan (Optional)
- ☐ Letters of Support or MOUs (Optional but Recommended)

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