



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: _____

DRAFT

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

DRAFT

DRAFT

DRAFT

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

DRAFT

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:

DRAFT

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:

DRAFT

DRAFT

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:

DRAFT

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):

DRAFT

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)

DRAFT