



Seedlings of Change Mini-Grant Application
***NO ABBREVIATIONS! *Required: Physical Address! ***

*Applicant First and Last Name and Title: _____

*Organization's Name: _____

P.O. Box _____ *Street Mailing Address!*: _____

*City, State, Zip/Postal Code: _____

*Country: _____

*Phone Number: _____

*Email Address: _____

*Project Title: _____

Please attach separate pages as necessary to fully explain each item below:

***Project goal:** List the overall goal(s) of the proposed project.

***Project objectives:** List the specific objectives for the project, including any specific changes for the public good, programs, personal competence, or resources that will result from this project. Specific aims should refer to outcomes or changes that promote positive social or environmental change.

***Self-help/community involvement:** Indicate how community members affected by your project will be involved in setting goals, plans of action, and program implementation. Describe who will be impacted most by the project and where the project will take place.

***Project action plan:** Provide a list of steps needed to complete the project from start to finish.

***Project evaluation and maintenance:** Describe how you will monitor progress to identify what works and what needs improvement. Also, please indicate how the program might continue on after all Mini-Grant funds have been dispersed.

***Significance:** Indicate why the project is important and innovative and how it will help bring the local community together.

***Budget:** Briefly list all anticipated project costs.

*Personnel: _____

*Operating Expenses: (e.g. printing, telephone, postage, materials): _____

*Other Expenses (please identify): _____

*Budget Total: _____

Include other sources of funding for this project (list source and amount) if applicable:

Supporting documents: Please attach any relevant letters of support and/or resumes for our consideration.

***FOREIGN WIRE TRANSFER REQUIRES THE FOLLOWING RECEIVING BANK INFORMATION:**

*Bank Name: _____

*Swift Code or Bank Code: _____

P. O. Box _____ ***Street Mailing Address!***: _____

*City, State, Zip/Postal Code: _____

*Country: _____

*Beneficiary Name: _____

*IBAN or Account Number: _____

*Street Mailing Address: _____

*City, State, Zip/Postal Code: _____

*Country: _____

*Memorandum of Agreement

*Place a \checkmark to acknowledge you have read and agree with each requirement.

_____ *I will provide a final report on the project and what specifically was accomplished within two months of project conclusion.

_____ *I will return any unused funds to Seedlings of Change upon project conclusion.

_____ *I will spend funds only on items listed in my approved budget. If I need to make changes, I will contact Seedlings of Change for authorization.

_____ *I will allow Seedlings of Change staff and/or volunteers to check up on my project's progress at any time and must be able to provide documentation of how all funds are being used.

_____ *If my program is youth-oriented, I agree to allow young people to have a voice when making decisions about the project.

_____ *I will provide photographs to Seedlings of Change on an ongoing basis (emailed as attachments in J-Peg format). If needed, Seedlings of Change will provide a disposable camera. All photographs are the property of Seedlings of Change and may be used for promotional/educational purposes. I must obtain written permission from anyone depicted in photos; Seedlings of Change must be notified of any photos of individuals who have not authorized their use (these images will be used for internal purposes only).

_____ *I will promote the fact that my project is funded by a Seedlings of Change Mini-Grant, and also include this information on any written materials developed for the project.

_____ *If I am representing an organization, my written signature indicates that I am authorized to enter into contracts on behalf of that organization.

_____ *If deemed necessary, I authorize Seedlings of Change to run a background check to confirm that all information provided on this application is true and accurate.

*Full Name (print): _____

*Signature: _____ * Date: _____

Thank you for your application!

Please scan and email your completed application to evelines@seedlingsofchange.org.

You may also send your completed application by regular mail to:

Seedlings of Change

P.O. Box 21

Lolo, MT 59847 USA