



sweet grass
COMMUNITY
FOUNDATION

Micro Grant Application

**The Micro Grant Program provides local organizations with unexpected, urgent, or one-time expenses that arise that affect their ability to complete their mission/goals.*

Name of Organization:

Contact Name:

Contact Email Address:

Title of Grant Request:

Amount of Request:

Project Start/End Dates:

Please describe the request and how it affects your organization.

How will the funding be used? Be specific

What other sources of funding are available for this request?

Organization's Mission:

*** Attach organization budget, most recent financials, copy of designation letter, and roster of board members with a copy of the most recent board meeting minutes.**

*If you have questions regarding the application process, please contact us.
Please submit a copy of your application to grants@sweetgrasscf.org*