

Online Application Form

Before You Begin

- **We recommend copying the application into a Word document so that you may edit as necessary. Copy and paste back into the application form as needed. Remember to save often!**
- **Please do not use bullets and other special formatting as it will not replicate in our system.**
- **Log into your account at https://www.grantrequest.com/SID_1799?SA=AM to access saved and submitted requests.**
- **Add mail@grantapplication.com to your safe senders list to ensure you receive all system communications.**

Organization Information

Organization Legal Name

Organization Name

Tax ID

Tax Status
- Select One -

Address

City State
 - Select One -

Zip Code

Phone

Fax

Web Address

Year Founded

Brief description of your organization.

Please select the classifications that best describe your organization.

Populations Served

Racial/Ethnicity Demographic Served

Age Group Served

Gender Served

Geographical Area Served

If your project is located in Grand Rapids, please choose local. If your project is in the state of Michigan, please choose regional. If your project is outside Michigan, please choose national or international.

Organization Type

Please choose the primary purpose of your organization.

The demographic data collected below will serve multiple purposes: to help us understand how we reflect the organizations and communities we serve, to equip our staff with critical data to better serve the needs of our communities, and to track our progress with our board, our grant partners, and our communities. We ask that you also share this data on your Guidestar by Candid Nonprofit profile. [Please follow this link to Guidestar by Candid.](#) (Right click to open in a new tab.)

Board Diversity

Total percentage must equal 100%. Optional if privacy concerns prevent collection of these data.

Board Gender Identity

What percentage of your Board publicly identify as male, female, transgender, or gender non-conforming/non-binary? Total percentage must equal 100%. Optional if privacy concerns prevent collection of these data.

Staff Diversity

Total percentage must equal 100%. Optional if privacy concerns prevent collection of these data.

Staff Gender Identity

What percentage of your staff publicly identify as male, female, transgender, or gender non-conforming/non-binary? Total percentage must equal 100%. Optional if privacy concerns prevent collection of these data.

Volunteer Diversity

Total percentage must equal 100%. Optional if privacy concerns prevent collection of these data.

Volunteer Gender Identity

What percentage of your volunteers publicly identify as male, female, transgender, or gender non-conforming/non-binary? Total percentage must equal 100%. Optional if privacy concerns prevent collection of these data.

Contact Information

Prefix First Name Middle Name
- Select One -

Last Name

Title

Office Phone

Extension

E-mail Address

Same as Organization Primary Contact

No

Prefix First Name Middle Name
- Select One -

Last Name

Title

Office Phone

Extension

E-mail Address

Project/Program Information

Project/Program Title

Limited to 10 words.

Total Project Cost

Request Amount

(Please round to the nearest dollar.)

Term of Grant Request

(In whole months; ex. 24)

Project Start Date

Project End Date

What other funding will support this project? Please provide the sources and amounts.

Please list your top 5 amounts for each of the following categories: Committed Funds, Pending Requests and Will Seek Requests. This information must match what is listed in your project budget.

To view Themes and Goals, please right click on the link to view in a new window.

[Link to Themes and Goals](#)

Review the Themes and Goals (found at the link above) and reflect on how your program or project will impact our Themes and Goals. 1) Provide a brief description of the program or project (including total participant numbers, if applicable), and 2) identify in detail how funds will be used.

Limited to 750 words.

Please provide no more than 3 quantifiable objectives (ie. intended results) for your project or program (with no more than 3 outcomes for each of your objectives). Your outcomes are a measurement of success -- what will it look like if it works? Please view the help text for an example.

Limited to 1000 words.

Population Served Age Group

Gender

Geographical Area

If your project is located in Grand Rapids/Kent County, please choose local. If your project is in the state of Michigan, please choose regional. If your project is outside Michigan, please choose national or international.

Ethnicity Served Type of Support

Program Area

Please choose the primary purpose of your project. If overlap in other pillars, please address in your narrative.

Attachments

For all attachments, please choose your file and then click the Upload button in order to save the document to your application. To view budget template, DEI policy, and ACH form, please right click on the links to view in a new window.

Organization Budget

Project Budget

Please provide an itemized summary of the estimated costs of structuring, staffing and managing a project or program and the income that will support those costs for a grant-funded project. Please complete the required budget template provided at the link below, and open in a new tab or window. You will need to save a copy of the spreadsheet to enable editing. Please note that your committed, pending, and will-see funding should match what is previously listed in your application.

[Link to Project Budget Template](#). Right click to open in a new window. Please note - if you are unable to open the link, use Firefox or Edge as your internet browser. There are known issues with Google Chrome that will not allow you to download the project budget template directly from our application. Alternatively, you may visit our website (www.wegefoundation.org) and visit the "Seeking a Grant" page to download the template, located under "Grant Guidelines."

List of Board of Directors

Please include name, affiliation to Grand Rapids, city and state of your Board of Directors.

Your Organization's Diversity/Equity Inclusion Policy

Please review the Wege Foundation's "Diversity, Equity & Inclusion Policy" available with the below link. Please describe the extent to which your organization conforms to the following four requirements of this policy (listed on pp. 3-4): 1) Submission of board-approved diversity, equity and inclusion policy. 2) Submission of key demographic information about composition of the board, staff, volunteers and constituencies served (provided earlier in application); 3) Affirmation that no person is excluded from services based on the diversity characteristics described in the policy; and 4) Affirmation that no person is excluded from governance, employment or volunteer participation. If you do not have a Board approved DEI policy, please explain why.

[Link to DEI POLICY.](#) Right click to open in a new window.

Audited Financial Statements

If audited financial statements are not available, please include a copy of your most recent 990.

ACH Authorization Form

Please note the submission of an ACH Authorization Form does not guarantee funding. If your application results in a declination, the form will be deleted from our secure system. You will need to open the form in a new tab or window, and save a copy to edit. If you prefer paper checks, please indicate by checking the box at the top of the form.

[Link to ACH Form.](#) Right click to open in a new window.

Additional Information