**2024 Day of Caring**

**Mini-Grant Application and Guidelines**

The Barry County United Way & Volunteer Center is awarding participating Day of Caring agencies mini-grant requests up to a maximum of $1,000 per agency (Grant requests can be made in smaller amounts). The purpose of these projects are to engage volunteers within our Barry County community in a 1-time service project as a part of the United Way’s annual Day of Caring thus encouraging volunteerism and community pride.

All proposed events or activities must occur within one (or more) of the following time frames:

Thursday, September 12 9:30am-12:30pm

Thursday, September 12 1:30-4:30pm

Saturday, September 14 9:30am-12:30pm

**Grant Amounts**

Grants valued up to $1,000 are available to engage our community members in volunteerism. Grants of any dollars amount $0-$1,000 will be distributed. $12,000 worth of grants will be available.

**Purpose**

These grants are intended to encourage volunteer projects that address our community’s and organization’s needs. Volunteer groups are a powerful tool and working together, they can create a large impact in a short amount of time. With the assistance of this mini-grant funding, we are hoping to capitalize on the amazing work that is being done and create a lasting impact for the residents that each organization serves.

**Eligible Applicants**

Any non-profit organization, K-12 and higher education institutions or ministry that utilizes volunteers is eligible to apply.

**Application**

Complete the application and budget worksheet in the format requested.

**Application Deadline**

Friday, July 26, 2024 by NOON.

**Reporting Requirements**

Grant recipients must provide the Barry County United Way & Volunteer Center with a completed Final Report by Friday, September 27, 2024. (See attached final report).

**Notification**

All applicants will be notified by August 9, 2024.

**Submit your application or send questions to:**

Barry County United Way & Volunteer Center

Attn: Day of Caring Mini Grant

231 S. Broadway . Hastings, MI 49058

Phone: 269.945.4010

Email: morgan@bcunitedway.org

Fax: 269.945.4536

**2024 Day of Caring**

**Mini-Grant Application**

**Application Deadline:** Friday, July 26, 2024 by Noon.

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a 501 (c) 3? YES NO EIN #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant amount being requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *\*\* Up to a maximum of $1,000 per agency \*\**

Are you willing to accept a grant of a lesser amount than requested? YES NO

***Please note: If your organization is awarded mini-grant funding, your check will be made payable to and mailed to the above organization. Checks will only be made payments to the organization, not an individual contact person.***

**Day of Caring Mini-Grant Narrative**

1. Please provide a summary of your proposed project.
2. List the goals of this project.
3. Who will this project serve/who will benefit from this project? (Examples: Veterans, seniors, youth, homeless, etc.)
4. Do you have any additional community partners?
5. Budget – How much money will you need for your Day of Caring project?
	1. Please complete the attached budget worksheet.

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231 S. Broadway . Hastings, MI 49058

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**2024 Day of Caring**

**Mini-Grant Final Report**

**Due:** Friday, September 27, 2024.

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide the following:**

1. Brief overview of the Day of Caring project. Please include if any other community partnerships were involved in this project.
2. How many benefited from this project? (Clients, recipients, etc).
3. Do you have any plans to engage these volunteers beyond this Day of Caring project? If so, how do you plan to do so?
4. Please include any “great stories,” quotes, successes, photos, etc. from your project.
5. Budget – Complete the Final Report budget form and submit with this grant report.

**Submit your Final Report to:**

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