Michigan Indigent Defense Commission

200 N. Washington Square, Lansing, MI 48913

(517) 657-3066

www.michiganidc.GOV

**Grant Application**

Date of application

Name of Applicant(s)

Address City

State Zip

Web site address

Project Contact and Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Fax

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Geographic area served

Grant funds requested $ Payable to

Financial Contact and Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address Phone

Tax ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summary of Grant Request**

Please write a brief summary of the grant request **in 125 words or less**. Include **WHY** the funds are needed and **WHAT** they will be used for specifically (e.g. consultant fees, amount of staff time, type of technology, supplies, other).

**Project Description**

1. Title of project:
2. Anticipated beginning date:
3. Anticipated end date:
4. Please describe the following elements of your proposal.

Provide a separate response for each item; do not combine these answers in a long narrative.

1. List the local governments that will be served by the grant activities.
2. List the goals and measurables of the proposed project.
3. List the anticipated outcomes and evaluation process of the project.
4. List the materials or resources to be developed during this project.
5. Please list and describe the major activities and timeline of the project.

**Major Activity** **Timeline**

|  |  |
| --- | --- |
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1. Please list names/titles and describe the qualifications of key staff members responsible for the project.

**Name/Title of Key Staff**  **Qualifications**

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| --- | --- |
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1. Please describe the support this project has from other individuals or organizations in your

community. (Answer even if letters of support are attached.)

**Organization / Individual** **Describe Support**  **Letter Attached?**

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| --- | --- | --- |
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h) Please list any organizations collaborating on this project and describe the role of each.

**Organization Collaborating** **Describe Role**

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| --- | --- |
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1. Describe how this project advances the stated priorities of the MIDC.

**Financial Information**

Please complete the form below to reflect the project’s estimated budget detailed by major line items. Include only direct needs for this project under the column heading MIDC funds. Travel expenses will be reimbursed at current State of Michigan travel rates.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category** | **MIDC funds** | **Applicant funds** | **Other funds** | **In-kind support** | **Project Total** |
| Personnel: Existing New |  |  |  |  |  |
| Employee benefits |  |  |  |  |  |
| Consultant or contractual fees |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Supplies |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  |  |

For all items in the above chart, please provide additional narrative and calculation detail. (i.e. hours and hourly rates, fringe benefit rates, consultant or contractual employee rates and hours, types of supplies and pricing).

**For personnel costs:**

|  |  |  |  |
| --- | --- | --- | --- |
| **List All Grant Funded Positions** | **Existing Position** | **New Position** | **Anticipated time spent on grant activities** |
|  |  |  |  |
|  |  |  |  |
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1. Please attach and/or describe multiple or competitive bids related to the project, if any. If multiple bids were not obtained, describe how you know key costs in your project are as low as possible (i.e. existing funding unit contract for supplies or services).
2. Please list any other anticipated funding sources for this project by name and anticipated amount.