



# THE BROOKSIE WAY MINIGRANTS

HONORING THE MEMORY OF  
BROOKS STUART PATTERSON

EVERYONE DESERVES A CHANCE TO REACH THEIR FULL POTENTIAL



## MINIGRANT APPLICATION

Please limit your responses to the space allowed. Projects must take place in Oakland County. The Brooksie Way reserves the right to refuse any and all applications. Incomplete or late applications will not be considered. Money awarded and not used for the agreed upon projects will be deemed ineligible and must be returned to The Brooksie Way. The maximum minigrant awarded is \$2,000.

DATE \_\_\_\_\_ MINIGRANT AMOUNT REQUESTING \$ \_\_\_\_\_

### AGENCY/ORGANIZATION INFORMATION

Name of agency/organization \_\_\_\_\_

Executive Director \_\_\_\_\_

Agency/organization Address \_\_\_\_\_

Physical address where activity/project will take place \_\_\_\_\_

Person in charge of activity/project \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Is the agency/organization a 501(c)3 registered organization? \_\_\_\_ YES \_\_\_\_ NO

If yes, is the agency/organization reviewed by any national charity accreditation bodies? \_\_\_\_ YES \_\_\_\_ NO

### PROJECT/ACTIVITY DESCRIPTION

Project/Activity Title \_\_\_\_\_

Project/Activity Dates \_\_\_\_\_

Project/Activity description. Include how your project/activity meets the criteria to help "improve the quality of life of residents in Oakland County."

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**PROJECT/ACTIVITY OBJECTIVES AND OUTCOMES**

Describe the goals, objectives and expected outcomes of your project/activity as they relate to quality of life enhancements of your participants, and specifically how you will measure success.

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**MARKETING, PUBLIC RELATIONS, AND PROMOTION**

Describe your plans for securing participation in your project/activity. Include how you will target your audience and how you will include promotion of The Brooksie Way, should you be awarded a minigrant.

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**BUDGET**

1. Attach your agency/organization's overall budget for this operating year.
2. Attach a budget for the project/activity showing how the Brooksie Way minigrant will be used. Include other funding sources, if applicable, and their limitations.

**CERTIFICATION**

I, as leader of this organization, certify the filing of this application.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MAILING THE APPLICATION**

Checklist for minigrant application – mail all of the following to The Brooksie Way, Attn: Jenna Kearns, PO Box 81576, Rochester, MI 48308.

1. This original application PLUS five copies
2. Your agency/organization's overall budget for this operating year
3. Budget for the project/activity showing how the Brooksie Way minigrant will be used