

TAXATION SECTION GRANT APPLICATION – 2026

APPLICANT INFORMATION			
Name of Sponsoring Organization			
Mailing Address		Date this Application Submitted	
City, State, ZIP Code		Type of Sponsoring Organization:	
Phone		<input type="checkbox"/> State University	<input type="checkbox"/> Private University
Fax		<input type="checkbox"/> Not for Profit Organization	<input type="checkbox"/> Other
CLINIC/SERVICE PROVIDER INFORMATION			
Name of Clinic/Service Provider			
Phone		FAX number	
Website address <i>(if applicable)</i>		FEIN	
Type of Clinic/Service Provider	<input type="checkbox"/> LITC <input type="checkbox"/> VITA <input type="checkbox"/> Legal aid <input type="checkbox"/> Accounting Aid <input type="checkbox"/> Other		
Languages other than English			
Clinic/Service Provider Street Address		Clinic/Service Provider Mailing Address	
Street		Street	
City		City	
State		State	
Zip Code		Zip Code	
Clinic/Service Provider Director Information			
Name			
Telephone Number		Email address	
Licenses/Certifications <i>(Check all that apply)</i>			
<input type="checkbox"/> Attorney <input type="checkbox"/> CPA <input type="checkbox"/> Enrolled Agent <input type="checkbox"/> Other			
GRANT INFORMATION			
Amount of Grant Requested		Did the Applicant receive a Grant from the Tax Section in the prior year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Amount of prior year grant award	
Describe in detail the proposed project or program (use separate sheets if necessary).			
Describe in detail the goals of the project or program (use separate sheets if necessary).			
Describe the population of individuals served by the project or program (use a separate sheet if necessary).			

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GRANT INFORMATION (CONTINUED)

Describe the geographical areas affected by Applicant’s programs/services (region, County, City, Townships, etc.).

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Describe the Applicant’s program service accomplishments over the past 12 month period (use separate sheets if necessary).

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Describe the intended use of the grant money (use separate sheets if necessary).

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SOURCES AND USES OF FUNDING

It is the policy of the State Bar of Michigan Taxation Section that all monies awarded through the Grant Program shall fund direct costs associated with a project. The Grant Program does not cover overhead or other indirect costs as part of its grant funds.

Sources of Funding		Uses of Funding	
Applicant		Grants and similar amounts paid	
Federal		Salaries	
State		Program expenditures	
Local		Fundraising expenses	
Other		Other expenses	
Program Income		Other expenses	
TOTAL FUNDING		TOTAL EXPENSES	

DISCLOSURES

Does the Applicant have any relationship with any current or former member of the Taxation Section Council? Yes No

If “yes,” who?

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In the prior 12 month period, did the Applicant make any referrals to the Tax Section’s pro bono program? Yes No

Number of referrals (if any)

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ATTACHMENTS/ACKNOWLEDGEMENT

1. Attach a copy of the letter from the Internal Revenue Service qualifying the applicant as a tax exempt organization.
2. Attach any additional sheets if necessary
3. By submitting this application, you certify the statements herein and on any attached sheets are true, complete and accurate to the best of your knowledge, information or belief.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	