 State Bar of Michigan

TAXATION SECTION GRANT APPLICATION

# Applicant INFORMATION

|  |  |
| --- | --- |
|  **Name of Sponsoring Organization** |  |
| Mailing Address |  | Date this Application Submitted |  |
| City, State, ZIP Code |  | Type of Sponsoring Organization: |  |
| Phone |  | [ ]  State University | [ ]  Private University |
| Fax |  | [ ]  Not for Profit Organization | [ ]  Other |

# CLINIC/Service Provider INFORMATION

|  |  |
| --- | --- |
| **Name of Clinic/Service Provider** |  |
| Phone |  | FAX number |  |
|  Website address (*if applicable*) |  |  FEIN |  |
|  Type of Clinic/Service Provider  | [ ]  LITC [ ]  VITA [ ]  Legal aid [ ]  Accounting Aid [ ]  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 (*Check all that apply*) |
| [ ]  Attorney [ ]  CPA [ ]  Enrolled Agent [ ]  Other |  |

# GRANT INFORMATION

|  |  |  |
| --- | --- | --- |
| Amount of Grant Requested |  | Did the Applicant receive a Grant from the Tax Section in the prior year? [ ]  Yes [ ]  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). |
|  |
| GRANT INFORMATION (Continued) |
| Describe the geographical areas affected by Applicant’s programs/services (region, County, City, Townships, etc.). |
|  |
| Describe the Applicant’s program service accomplishments over the past 12 month period (use separate sheets if necessary). |
|  |
| Describe the intended use of the grant money (use separate sheets if necessary). |
|  |
| **SOURCES AND USES OF FUNDING** |
| **Sources of Funding** | **Uses of Funding** |
| Applicant |  | Grans 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? |  |
| 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) |  |  |

# 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 |  |