Hello Applicant,

Welcome to the Sample Geographic Priority Application application.

Before you begin:

- Please give yourself ample time to complete this application before the deadline. ***Once the application closes, we cannot reopen it for any reason.***
- You may save your application and return as needed. The application will also autosave as you make changes.
- You may always return to this page to download the resources below by clicking on the "Introduction" tab on the right. You may also move through the application using the various tabs on the right side of the screen.

Resources for Applicants:

- Project Budget - please use the *required* project budget template to show how requested funds would be used.
- DEI Policy - please review the Wege Foundation's DEI Policy
- Values & Priorities - please review the Wege Foundation's Values & Priorities for funding priority areas and examples.

If you experience any technical issues, please contact Emily Mathein at emathein@wegefoundation.org or 616-957-0480 ext. 1.

Organization Information

*** Is this organization serving as a fiscal sponsor for this request?**

Fiscal sponsorship is a relationship in which an organization with no 501(c)(3) status partners with an existing 501(c)(3) nonprofit organization (a.k.a. the fiduciary or fiscal sponsor) that shares a compatible mission to carry out charitable activities.

Organization Name

Legal Name
Enter the registered name listed on your IRS determination letter or filing.

Employer Identification Number (EIN)

Full Address

* **Office Phone Number**

Website

* **Background**
Please provide a brief description of your organization.

Contacts

* **Request Contact**

Please provide contact information for the person completing the application.

* **Head of Organization (CEO, President, Executive Director, etc.)**

Organization Classifications

* **Geographical Area Served**
If your project is located in Grand Rapids, please choose local. If your project is in the state of Michigan, please choose regional. If your project is outside Michigan, please choose national or international.

* **Population Served**

* **Racial/Ethnicity Demographic Served**

* **Age Group Served**

* **Gender Served**

Board, Staff, & Volunteer Demographic Information

The demographic data collected below will serve multiple purposes: to help us understand how we reflect the organizations and communities we serve, to equip our staff with critical data to better serve the needs of our communities, and to track our progress with our Wege Foundation Board, our grant partners, and our communities. We ask that you also share this data on your Guidestar by Candid Nonprofit profile (https://www.guidestar.org/).

* **Board Racial/Ethnicity Diversity Demographic Information**

Select racial/ethnicity demographic data for your Board. Optional if privacy concerns prevent collection of data.

* **Board Gender Identity**

Select if you have Board members who publicly identify as male, female, transgender, or gender non-conforming/non-binary. Optional if privacy concerns prevent collection of data.

* **Staff Racial/Ethnicity Diversity Demographic Information**

Select racial/ethnicity demographic data for your staff. Optional if privacy concerns prevent collection of data.

* **Staff Gender Identity**

Select if you have staff members who publicly identify as male, female, transgender, or gender non-conforming/non-binary. Optional if privacy concerns prevent collection of data.

* **Volunteer Racial/Ethnicity Diversity Information**

Select racial/ethnicity demographic data for your volunteers. Optional if privacy concerns prevent collection of data.

* **Volunteer Gender Identity**

Select if you have volunteer members who publicly identify as male, female, transgender, or gender non-conforming/non-binary. Optional if privacy concerns prevent collection of data.

Project/Program Information

* **Project Title**

* **Total Project Cost**

* **Request Amount**

* **Grant Start Date**

* Grant End Date

* Anticipated Grant Term
Please input your intended grant term in months (1 year = 12, 2 years = 24)

* Type of Support

* Program Area
Which program area does your proposal MOST align? You may only select one option.

* Project/Grant Description
Review the Values & Priorities document here (https://wegefoundation.org/wp-content/uploads/2025/11/Priorities-Values-board-approved-2025-11-06.pdf) and reflect on how your program or project will impact our Values & Priorities. 1) Provide a brief description of the program or project (including total participant numbers, if applicable), and 2) identify in detail how funds will be used.

Please limit your answer to 750 words or less.

* Goals and Objectives
Please provide no more than 3 quantifiable objectives (i.e. intended results) for your project or program, with no more than 3 outcomes for each of your objectives. Your outcomes are a measurement of success -- what will it look like if it works?

Limited to 1,000 words.

* What other funding will support your project? Please provide the sources and amounts.
Please list your top 5 amounts for Foundation, Corporations, and Individual Giving for each of the following categories: Committed Funds, Pending Requests and Will Seek Requests.

Attachments

* Organization Budget
Accepted file types include: csv, doc, docx, ods, pdf, xls, xlsx

* Project Budget
Please provide an itemized summary of the estimated costs of structuring, staffing and managing a project or program and the income that will support those costs for a grant-funded project.

Complete the *required* budget template provided here (https://wegefoundation.org/wp-content/uploads/2025/11/WF-Project-Budget-Template-2025-11-13.xlsx). The template should download, and you will need to save a copy of the spreadsheet to enable editing.

Accepted file types include: csv, doc, docx, ods, pdf, xls, xlsx

* **Audited Financial Statements or 990**

If audited financial statements are not available, please include a copy of your most recent 990.

Accepted file types include: csv, doc, docx, ods, pdf, xls, xlsx

* **List of Board of Directors**

Please include name, affiliation to Grand Rapids, city and state of your Board of Directors.

Accepted file types include: csv, doc, docx, ods, pdf, xls, xlsx

* **Your Organization's Diversity/Equity Inclusion Policy**

Please review the Wege Foundation’s “Diversity, Equity Inclusion Policy” available on the Introduction tab of the application. Please describe the extent to which your organization conforms to the following four requirements of this policy (listed on pp. 3-4): 1) Submission of board-approved diversity, equity and inclusion policy. 2) Submission of key demographic information about composition of the board, staff, volunteers and constituencies served (provided earlier in application); 3) Affirmation that no person is excluded from services based on the diversity characteristics described in the policy; and 4) Affirmation that no person is excluded from governance, employment or volunteer participation. If you do not have a Board approved DEI policy, please explain why.

Accepted file types include: csv, doc, docx, ods, pdf, xls, xlsx

ACH Banking Info

Once you have submitted your grant application, your permissions will be updated to allow you to enter or review your organization banking details through the grantee portal.