

Tell Us About Your Group

This is a **sample** of the "2023 Community Choice Grant" application. To access and submit the actual application, go to the Jackson Community Foundation's website at www.jacksoncf.org.

Group Name *

Contact Person's Name *

First Name

Last Name

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Email *

example@example.com

Phone Number

Please enter a valid phone number.

Do the leaders/members of the group identify as a member of the following groups? *

- Person of Color
- Woman
- Veteran / Served in the Military
- LGBTQ+ Community
- Physical and/or Mental Disability
- Living Below the Asset Limited, Income Constrained, Employed (ALICE) Threshold
- Unsure / Rather Not Answer
- Not Applicable

Please provide a summary/overview of what your group would do with a \$7,500.00 grant. (100 word limit.) *

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SAMPLE

How long has your group been together? *

How many people are in your group? *

How did your group come together? *

Tell us how your group incorporates people who live in and/or actively and authentically collaborates with Jackson County's most economically challenged communities or neighborhoods. *

Tell Us About Your Work

What issue, initiative or idea are you working on? *

Has your group accomplished something so far? It's ok if you haven't! If so, tell us about it! *

SAMPLE

Tell Us What You'd Do with a Grant

What does your group hope to accomplish in the next year with \$7,500? *

How will you spend \$7,500? *

Is there anything else we should know about your group or work?

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