



## 2019 MIS Cares Grant Application

The MIS Cares Fund Mission:

The MIS Cares Fund Grant Review Committee embodies the compassion of the NASCAR Family and our commitment to serving communities. As a donor advised fund of The NASCAR Foundation, the mission of MIS Cares is to assist and inspire youth within our community. The NASCAR Foundation is a 501(c)(3) non-profit entity.

Our focus with the MIS Cares Grant Fund program is organizations that have a tie to youth programs and education in Jackson, Lenawee, Washtenaw and Hillsdale Counties. (Organizations outside of Jackson, Lenawee, Hillsdale and Washtenaw Counties are eligible to apply if invited at the discretion of the Review Committee.)

The Fund does not make loans or grants to individuals or endowment funds. Grants will typically range from \$500 to \$5,000. (MIS Cares may authorize grants in excess of \$5,000 at the discretion of the Review Committee).

The MIS Cares Fund will consider only one proposal from the same organization in a 12-month period and will give first priority to organizations that have been invited to apply for a grant. However, unsolicited requests that match the grant guideline requirements will also be considered by the committee.

Please see page five of this packet for all required forms to be submitted with grant application. Incomplete applications will not be reviewed by grant committee. All requests must be postmarked by 5 p.m. on October 31, 2019. Eligible requests will be reviewed and all applicants will be notified of the grant decisions by December 1, 2019.

Due to an anticipated high volume of requests, not all applications will be approved for funding. Emails or phones calls regarding grant applications after October 31, 2019 will not be accepted.

We appreciate what you are doing in our community and look forward to reviewing your grant request.

Sincerely,

MIS Cares Grant Review Committee



## 2019 MIS Cares Grant Guidelines

Please review the following eligibility questions before beginning the application process. If you do not meet the eligibility requirements but still submit an application the committee reserves the right to not review or respond to your application for funding.

**To be eligible you should be able to answer “Yes” to the following questions:**

- Yes No Is your organization an IRS qualified 501(c)(3) charitable organization?
- Yes No Is your organization non-discriminatory in policies and practices with regard to physical abilities, gender, race, sexual orientation, ethnic origin and/or creed?
- Yes No Is your organization located in Jackson, Lenawee, Washtenaw or Hillsdale County?
- Yes No Is your organization focused on youth education and/or youth focused programs?

**To be eligible you should be able to answer “No” to the following questions:**

- Yes No Are you seeking support for an individual person or family?
- Yes No Are you seeking support for a political candidate or organization?
- Yes No Are you seeking funding for religious activities, in whole or part, for the purpose of promoting religious doctrine?
- Yes No Are you seeking support for a brick and mortar project?
- Yes No Are you seeking support for a capital campaign?

*If you were able to answer the above questions in the appropriate way, please continue with the application process.*

Please answer the questions from the attached application to the best of your ability.



## 2019 MIS Cares Grant Application

Date: \_\_\_\_\_ IRS Employer Identification Number: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Name of project for which funds are being requested: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

Organization Contact and Title: \_\_\_\_\_

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

Amount of Grant Requested: \$ \_\_\_\_\_ Will partial funding be accepted? \_\_\_\_\_

Type of Organization (choose appropriate area):

- Public Charity
- Private Foundation: check one:  Operating  Non-Operating
- School/Education
- Donor Advised Fund through Community Foundation  
Name of Community Foundation: \_\_\_\_\_

Grant requested for (choose all that apply)

- Youth-Focused Program
- Youth Education



Please respond to the following information requests. Provide as much detail as possible. All responses must be typed.

1. Name of project for which funds are being requested.
2. Purpose of project (250 words maximum)
3. a.) What specific groups will your project serve? (Example: ages, genders, neighborhood, socio economic groups, etc.)  
b.) How many people will be served?  
c.) How will the target population be involved in the development and operation of the project?
4. Why is this project important to your community? (200 words maximum)
5. Project budget and timetable.
6. List or describe other funding sources for this project (foundations, corporations, individual donors, fundraisers, etc.).
7. How will you measure the success of the project? (150 words maximum)
8. How will this project be financed in the future? (150 words maximum)
9. Mission of applying organization (50 words maximum)
10. Organization's current-year operating budget.
11. Please submit your IRS Tax-Exempt Determination Letter and completed 2014 W9 Form.
12. If you are asking for \$25,000 or more, please submit your latest third party audit.
13. Affiliation(s) with MIS (List any organization(s) or individuals that support your organization that are affiliated with MIS).



## Commitment Statement

On behalf of Applicant Organization, I as an officer or other authorized individual of such organization (“submitter”), submit this application. I have truthfully completed the Application to the best of my ability and hereby agree to the following in the event Application Organization is awarded a grant:

- a.) Applicant Organization must repay the MIS Cares Fund any amounts not used for purposes of the grant;
- b.) Applicant Organization if requested by the MIS Cares Fund shall submit report(s) to the MIS Cares Fund on the manner in which the funds are spent OR progress made in accomplishing the purposes of the grant;
- c.) Applicant Organization will keep records of receipts and expenditures in connection with the grant and make its records available to the MIS Cares Fund at reasonable times; and,
- d.) Applicant Organization will not use any of the grant funds to influence legislation or the outcome of elections or to undertake any nonexempt activity in connection with such funds.

Submitter: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your application. Applicants will be informed of the committee’s decision by December 1, 2019.

## Application Submission Guidelines

Please submit one (1) copy of each of the following to the address below. All applications must be postmarked by October 31, 2019:

- Copy of IRS tax-exempt determination letter
- Copy of most recent W9 Form
- Completed Vendor Information Form
- Copy of completed “2019 MIS Cares Grant Guidelines”
- Copy of completed “2019 MIS Cares Grant Application”
- Copy of signed “Commitment Statement”

Michigan International Speedway  
 MIS Cares Fund Grant Review Committee  
 12626 US Highway 12  
 Brooklyn, MI 49230

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**VENDOR INFORMATION FORM**

(PLEASE PRINT OR TYPE – MUST BE COMPLETED BY VENDOR)

LEGAL COMPANY NAME:

D/B/A NAME(S):

PHYSICAL ADDRESS:

REMIT TO ADDRESS (IF DIFFERENT):

PHONE NUMBER:

TERMS:

CONTACT NAME:

CONTACT PHONE:

CONTACT EMAIL:

IS YOUR BUSINESS LOCATED IN THE UNITED STATES? YES / NO  
IF YES, PROVIDE A W9 FORM. IF NO, PROVIDE A W8 FORM.

ARE YOU PROVIDING A SERVICE? YES / NO PLEASE SPECIFY:

ARE YOU PROVIDING A GOOD? YES / NO PLEASE SPECIFY:

COMPLETED BY (SIGNATURE): \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_