



## VOLUNTEER MISSISSIPPI APPLICATION FOR VOLUNTEER AND CIVIC ENGAGEMENT MINI-GRANTS

The Commission has been designated in Mississippi statute (MS Code §43-55-3) “to encourage community service and volunteer participation as a mean of community and state problem solving...” and to “promote increased coordination, visibility, and support for volunteers of all ages... and community service in meeting the unmet needs of communities.”

**The Volunteer MS Mini-Grant application is extremely competitive due to the high volume of application submissions with limited funding. As such, please review the application instructions and eligibility criteria prior to submitting a completed application.**

**Deadline: February 7, 2025**

**Project Period: January 1 - June 1, 2025**

### Eligibility Criteria:

- Organization’s TAX STATUS:
  - 501(c)(3) **AND** registered with the Mississippi Secretary of State’s (SoS) office as a charity OR
  - A State/Local Government (Public Entity).
  - Must be up-to-date on IRS website with most recent 2023 filing status.
  - SoS must be current at the time of application (i.e. not expired on public website).
- Maximum Mini-Grant Award amount per fiscal year (July 1 – June 30): \$10,000 (for each individual entity or organization)

### Application Completeness:

- All sections must be completed.
- Signed and dated.
- **\*\*Applicants with incomplete submissions will be automatically notified of their ineligibility and will not be able to resubmit for this competition period.**

### Application Attachments:

- Completed, signed and dated W9 (current within two years).
- Minigrant Budget template (submit as original excel spreadsheet)
  - Do not save as PDF or other file type

### Other:

- Incomplete applications and/or missing documents are automatically ineligible.
- Applicants will not be asked for missing information/documents.
- Late submissions will not be accepted.
- Competition deadline may close **prior** to set deadline once specific number of applications are received.
- Application review/award timeline:
  - February 10-14, 2025: board review/selection
  - February 18-21, 2025: Award notification

**ORGANIZATION NAME:**

**ARE YOU A 501(c)(3)?** YES  NO

**ARE YOU Registered as a charity with the MS Secretary of State's Office?** YES  NO

**EMPLOYER IDENTIFICATION NUMBER:**

**PROGRAM NAME (IF DIFFERENT FROM ORGANIZATION NAME ABOVE):**

**PERSON TO BE CONTACTED ON THIS APPLICATION:**

NAME:

TITLE:

PHONE:

EMAIL:

**AREAS TO BE SERVED BY PROJECT:**

**AMOUNT REQUESTED:** (*\$1500 minimum/\$10,000 maximum*):

**PROJECT PERIOD (DATE):**

*(must be between January 1 - June 1, 2025)*

**EXECUTIVE SUMMARY**

Provide a brief summary of the project you plan to implement with funds requested.

**PLAN**

*Please describe the plan for the proposed project in the space below by responding to the following items:*

- Provide a detailed description of proposed activities.
- Provide a deadline for project to be completed.
- Describe the resources you have to make the proposed activities successful (i.e. money, staff, equipment).
- Describe the key players who will implement the proposed activities (i.e. staff or existing volunteers).

**COMMUNITY NEEDS, GOALS, AND IMPACT**

*Please describe the goal(s) and impact of your project in the space below by responding to the following items:*

- Describe the needs in your community that this project will help address.
- List the goals(s) for the proposed project
- Describe the impact of the proposed project on your organization, volunteers, and/or community.

# BUDGET

**\*\*Please use the attached excel budget spreadsheet.**

<b>Category of expenditures</b>	<b>Expenditure calculation: cost, item, quantity</b> ****(Example: \$5 shirts x 25 = \$125)
<p><b>**UNALLOWABLE Expenses:</b> <i>Personnel Expenses (salaries/stipends), Travel costs (mileage, fuel, lodging, etc.), Equipment, Food/meals, Cash prizes/gift cards, State Tax, &amp; Indirect Costs. **Any expenses that were not listed on the original approved application cannot be reimbursed.</i></p> <p><b>**ALLOWABLE Expenses:</b> Examples of fundable expenses include but are not limited to facility expenses, printing, supplies (i.e. safety equipment, cleaning supplies, tarps, handheld tools, office supplies), advertising, training and technology costs related to volunteer management, etc.</p> <p><b>**Reimbursement:</b> At the end of the project, all receipts submitted with the invoice MUST show itemized list, total cost, and payment verification. Allowable expenses included on the original budget will be reimbursed per the agreement.</p>	

I CERTIFY THAT THE ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE REGARDING THE RECEIPT AND EXPENDITURE OF THE FUNDS.

I understand that if my application is incomplete and/or if any required documents are missing, my organization is automatically ineligible to resubmit for this competition period.

**SIGNATURE OF AUTHORIZED REPRESENTATIVE:**

**PRINTED NAME:**

**DATE:**

*Email your completed/signed application and W-9 to [jincrosby@ihl.state.ms.us](mailto:jincrosby@ihl.state.ms.us).  
This funding opportunity is made possible by the Mississippi Commission for Volunteer Service.*