

Please note, this document is intended for planning purposes. To submit your application, visit [mibreastfeeding.org/covidfund](http://mibreastfeeding.org/covidfund) and click on the link to include your answers

If you have questions, email any MIBFN team member, or [hello@mibreastfeeding.org](mailto:hello@mibreastfeeding.org)

Name of organization or person providing services: \_\_\_\_\_

Service Area (select all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> All Upper Peninsula | <input type="checkbox"/> Leelenaw   | <input type="checkbox"/> Keweenaw Bay Indian Community                                   |
| <input type="checkbox"/> All Lower Peninsula | <input type="checkbox"/> Kent   | <input type="checkbox"/> Lac Vieux Desert Band of Lake Superior Chippewa Indians         |
| <input type="checkbox"/> All Michigan        | <input type="checkbox"/> Macomb   | <input type="checkbox"/> Little River Band of Ottawa Indians                             |
| <input type="checkbox"/> Alcona              | <input type="checkbox"/> Marquette  | <input type="checkbox"/> Little Traverse Bay Bands of Odawa Indians                      |
| <input type="checkbox"/> Alpena              | <input type="checkbox"/> Midland  | <input type="checkbox"/> Match-e-be-nash-she-wish Band of Potawatomi Indians of Michigan |
| <input type="checkbox"/> Antrim              | <input type="checkbox"/> Montmorency  | <input type="checkbox"/> Nottawaseppi Huron Band of the Potawatomi Indians               |
| <input type="checkbox"/> Baraga              | <input type="checkbox"/> Muskegon   | <input type="checkbox"/> Pokagon Band of Potawatomi Indians                              |
| <input type="checkbox"/> Benzie              | <input type="checkbox"/> Newaygo  | <input type="checkbox"/> Saginaw Chippewa Indian Tribe                                   |
| <input type="checkbox"/> Berrien             | <input type="checkbox"/> Oakland  | <input type="checkbox"/> Sault Ste. Marie Tribe of Chippewa Indians                      |
| <input type="checkbox"/> Calhoun             | <input type="checkbox"/> Ostego   |  |
| <input type="checkbox"/> Cheboygan           | <input type="checkbox"/> Ottawa   |  |
| <input type="checkbox"/> Chippewa            | <input type="checkbox"/> Presque Isle   |  |
| <input type="checkbox"/> Delta               | <input type="checkbox"/> Saginaw  |  |
| <input type="checkbox"/> Dickenson           | <input type="checkbox"/> St. Clair  |  |
| <input type="checkbox"/> Emmet               | <input type="checkbox"/> Washtenaw  |  |
| <input type="checkbox"/> Genesee             | <input type="checkbox"/> Wayne  |  |
| <input type="checkbox"/> Grand Traverse      | <input type="checkbox"/> Bay Mills Chippewa Indian Community                    |  |
| <input type="checkbox"/> Gratiot             | <input type="checkbox"/> Grand Traverse Bay Band of Ottawa and Chippewa Indians |  |
| <input type="checkbox"/> Ingham              | <input type="checkbox"/> Hannahville Indian Community                           |  |
| <input type="checkbox"/> Iron                |   |  |
| <input type="checkbox"/> Isabella            |   |  |
| <input type="checkbox"/> Jackson             |   |  |
| <input type="checkbox"/> Kalamazoo           |   |  |

- Describe the priority population that you serve. *Note, if you do not primarily serve families of color, you are not eligible for this COVID-19 grant. Funding priority will be given to applicants who serve Black and/or Indigenous families.*

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- Please describe how you identify your race/ethnicity. *Note, if you do not identify as a person of color, you are not eligible for this COVID-19 grant. Funding priority will be given to applicants who identify as Black and/or Indigenous.*

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- What drives your passion for serving breastfeeding families in your community? Use as much space as you need. We expect most answers will be about 250 words.

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- Tell us about your organization (your services, your mission, etc.) - use as much space as you need. We expect most answers will be about 250 words.

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- How much has your organization fundraised in the last year?  
*Please note, priority will be given to organizations and applicants whose funding is currently less than \$50,000 per year*
  - \$0 to \$50,000
  - \$50,001 or more

- How would you use \$5000 to support your work? Examples include, compensating time to do breastfeeding support consultations, support groups, coalition meetings; purchasing technology and/or applications to support your services; purchasing training to advance your credentials and skills to support families in your community (use as much space as you need. We expect most answers will be about 250 words)

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- Please upload a budget ([link to optional budget template](#))

**DECISION MAKING SYSTEM: Point system, based on the following criteria**

- Did you answer all of the questions in the application?
- Do you serve families of color?
- Do you primarily serve families who identify as Black and/or Indigenous?
- Do you identify as a person of color?
- Do you identify as Black and/or Indigenous?
- Is your current funding less than \$50,000 per year?
- Is your plan to use the funds actionable and feasible within the next 6 months?