



Title V: Supporting Racial Equity in Breastfeeding and Child Care Fund TEMPLATE Application

Please note, this document is intended for planning purposes. To submit your application, visit mibreastfeeding.org/childcare-fund and click on the link to include your answers

If you have questions, email any MIBFN team member, or hello@mibreastfeeding.org

- Name of organization or person providing services: _____
- Name of primary contact person for this application: _____
- Address of organization or person providing services: _____
- Email address of organization or person providing services: _____

Service Area (select all that apply):

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



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- Describe the priority population(s) that you serve. *Note: funding priority will be given to applicants who serve Black and/or Indigenous families. Use as much space as you need. We expect most answers will be about 250 words.*

- 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 fund. Funding priority will be given to applicants who identify as Black and/or Indigenous. Use as much space as you need. We expect most answers will be about 250 words.*

- Describe your breastfeeding and child care support services and programs that would be strengthened by this financial support. *Use as much space as you need. We expect most answers will be about 250 words.*



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

- 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.

- How much is your organization’s annual budget?
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

- 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?



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- 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 3 months?