

**FORERUNNERS CHAPTER GRANT
PROJECT APPLICATION FORM**
Pilot Program June 1, 2025 – January 1, 2026

Send Completed Application to:
Forerunners Chapter Grant
1945 W. Parnall Rd.
P21-505
Jackson, MI 49201
Digital Submission Option:
jedavis22@gmail.com

PROJECT TITLE: _____
Date Submitted: _____
Forerunners Chapter: _____
Project Location: _____
Project Coordinator: _____ Position: _____
Email: _____
Address: _____ City: _____ Zip: _____
Cell phone: (____) _____
Key Speaker etc. _____
Contact Information: _____
PROJECT TIME FRAME
Preparation time frame: _____ (months/days)
Confirmed date(s) of Project: _____

PROJECT GOALS AND OUTCOMES:

1. What is the overall goal for this project? _____
2. How many people do you anticipate will participate? _____

TOTAL INCOME AND EXPENSES:

Budget Project

A. Forerunners Chapter Grant Requested not to exceed \$500 \$ _____

**B. PROJECT INCOME
OTHER THAN CHAPTER GRANT**

C. PROJECT EXPENSES
(List expected costs: e.g., speakers
refreshments, supplies, media, etc.)

	\$		\$
From Membership			
From Members			
Other			
B. TOTAL Project INCOME		C. TOTAL Project EXPENSES	

Office Use Only:

Number of Chapter Members _____ Number of paid Forerunner Members 2025 _____

NAMES OF PERSONS INVOLVED IN PROJECT PREPARATION:

Name Position/Volunteer

Name Position/Volunteer

OVERVIEW OF PROJECT:

3. What MATERIALS will be used or purchased?
(stamps, toner, paper, hardware, etc.)

4. PROJECT PROMOTION:

Explain how you will promote your project and recruit participants.

PROJECT FOLLOW UP:

5. Do you anticipate your project creating **ongoing Chapter** involvement? Explain

CHAPTER GRANT REQUEST OF \$	_____	[A on page 1]
+ TOTAL PROJECT INCOME	\$ _____	[B on page 1]
= TOTAL PROJECT EXPENSES	\$ _____	[C on page 1]

We understand that if this project is funded by the Forerunners Chapter Grant:

1. The Project will serve the Chapter retirees.
2. Applicants will submit an evaluation of the project promptly
3. Project planners will submit flyers, photos or jpg, brochures, pamphlets, etc., for future RetireeLine publication.
4. Receipts will be submitted for expenses made with Chapter Grant funds.
Applications shall be submitted by November 28, 2025. Money must be spent by January 1, 2026.

(Signature of contact person/s preparing application)

(Date)

Digital Submission Option: jedavis22@gmail.com

Questions Contact: **Kathy Gabriel** at 517-783-5072 kathleengabriel@att.net

Application and Evaluation forms are available on CE Retirees Website

www.consumersenergy.com/work-with-us/careers/retirement/retiree-news

Scan QR Code with your camera.



1. *Number of persons involved in planning this project; _____*
2. *Number of persons who participated in the project: _____*
3. *Did your Chapter Grant help you achieve your goals? Please explain*
4. *What aspects of the project do you feel were most successful?*

5. What would you change to make the project more effective?

6. What future efforts do you anticipate resulting from your project?

7. Would you recommend this project to other Chapters? ____ Yes ____ No

Please provide a financial report on your project:

INCOME		EXPENSES	
	\$		\$
Forerunners Chapter Grant			
TOTAL INCOME		TOTAL EXPENSES	

Attach copies of receipts. Explain any expenses not appearing on your Project budget in the original application. **If funds were not spent, contact Kathy Gabriel at 517-783-5072 kathleengabrier@att.net**

8. CHECKLIST:

- ____ Have you completed the evaluation form?
- ____ Have you enclosed news clippings, photos or jpg., brochures, etc.
- ____ Have you enclosed copies of receipts?

PROJECT CONTACT: _____
(Required Signature) (Date)

Email: _____

CHAPTER
PRESIDENT: _____
(Required Signature) (Date)

Email: _____

Digital Submission Option: jedavis22@gmail.com