

Make MI Home Pilot Application

Thank you for your interest in Make MI Home! Applicants are encouraged to be as detailed as possible when providing responses to the following components. **The Growth Office will only accept proposals that originate from project consortiums made up of eligible entities located within the same [State of Michigan prosperity regions](#).**

DEADLINE EXTENDED: Applications submitted after **11:59 p.m. on August 14, 2024**, will not be considered.

The Growth Office will apply the following criteria for the application evaluation:

1. Quality of Proposal
2. Marketing and Communication Plan
3. Budget
4. Financial Stability

Grants will be up to \$250,000; size of grants awarded will be determined by the following:

1. Population of prosperity region relative to the entire state population,
2. Number of people the consortium intends to serve,
3. Proposed program details, and
4. Quality of application

Please refer to the [program overview](#) for guidance. If you have questions regarding this pilot opportunity, please contact the Growth Office at info@growingmichigan.com with "**Make MI Home**" in the subject line.

Please note: this program is not available to individuals at this time. [Sign up](#) to receive our newsletter for updates on future opportunities.

* Indicates required question

1. Email *
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Make MI Home Talent Incentive Pilot Application

Please identify the application consortium's lead organization to act as the primary point of contact and fiscal sponsor for this opportunity.

2. Organization Name *

3. Address *

4. City *

5. Zip Code *

6. Primary Contact Name *

7. Primary Contact Email *

8. Authorized Signer Name *

9. Authorized Signer Title *

10. Is your organization registered in the State of Michigan SIGMA Vendor Self-Service? *

Mark only one oval.

☐ Yes

☐ No

11. If you selected "Yes," please provide your SIGMA VSS ID.

12. If you selected "No," follow the link to register in SIGMA Vendor Self-Service (VSS) system. www.michigan.gov/sigmavss

For assistance with vendor registration, please contact the State of Michigan VSS Support Call Center at SIGMA-Vendor@michigan.gov or 1-888-734-9749.

13. Is your organization Electronic Funds Transfer (EFT) Payment ready? *Please note: MEDC requires all vendors to be EFT payment ready.* *

Mark only one oval.

☐ Yes

☐ No

14. Please describe the lead organization's purpose and background (500 words max) *

15. List all entities participating in the pilot consortium. *Please include the organization's name, address, and a link to its website if applicable.* *

16. Have any of the consortium organizations been awarded grant funding through MEDC or other state organizations in the past? If yes, please describe when, the amount, and what those funds were used for. *

Proposal

17. Please indicate which [State of Michigan Prosperity Region](#) your consortium **primarily** serves. *

Mark only one oval.

- ☐ Region 1
- ☐ Region 2
- ☐ Region 3
- ☐ Region 4
- ☐ Region 5
- ☐ Region 6
- ☐ Region 7
- ☐ Region 9
- ☐ Region 10

Proposal

Please upload your proposal for utilizing pilot funding. Proposals must include a project timeline, budget, and the following:

1. Target audience
2. Awardee eligibility
3. Program benefit
4. Non-monetary benefits
5. Service opportunity
6. Minimum residency requirement
7. Marketing strategy

Upload only one PDF. Please refer to the [program requirements](#) for further guidance.

18. Please upload your proposal. *If you have difficulties uploading your proposal, please contact the Growth Office at info@growingmichigan.com* *

Files submitted:

19. Please describe the consortium's experience relative to the pilot project. (750 words max) *

20. Is the proposed project an existing talent attraction and/or retention program? *

Mark only one oval.

☐ Yes

☐ No

Budget

21. Amount requested *

22. Will funds from this grant cover all project costs? *

Mark only one oval.

☐ Yes

☐ No

23. What percentage of the estimated total program budget are you requesting? *

24. Please list the secured funding **sources** that will cover the remaining project costs (if not applicable, answer "none") *

25. Please list the **amount** of funding that will come from secured funding sources (if not applicable, answer "none") *

26. Please list the **amount** of funding that will come from unsecured funding sources. (if not applicable, answer "none") *

27. Has the consortium identified a regional philanthropic organization that is interested in scaling your talent program? If yes, please include the organization's name. *Please note: an existing partnership with a regional philanthropic organization is not required to apply for Make MI Home funding.* *

Additional Application Questions

28. Does this project require any city, county, state, and/or federal approvals? *

Mark only one oval.

☐ Yes *Skip to question 29*

☐ No *Skip to question 33*

Additional Approvals

29. When do you expect to receive **city** approval? Type "N/A" if the project does not require city approval.

30. When do you expect to receive **county** approval? Type "N/A" if the project does not require county approval.

31. When do you expect to receive **state** approval? Type "N/A" if the project does not require state approval.

32. When do you expect to receive **federal** approval? Type "N/A" if the project does not require federal approval.
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Application Authorization

33. Do you confirm that you are authorized by your company to complete this application and are accurately representing the information submitted through this form?

Mark only one oval.

☐ Yes

☐ No

34. **OPTIONAL:** Applicants may submit optional letters of support to help demonstrate the strength of their application through highlighting strategic partnerships, community or industry support, and/or economic impact.

Upload only one PDF.

Files submitted:

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