

St. Ignace Area Community Foundation
W3057 Maple Street
St. Ignace, MI 49781
Phone: 906-748-0169 Fax: 906-643-7755

Information for Grant Applicants

A non-profit organization seeking a grant from the community foundation must complete the attached application and return a copy to the Foundation. The application consists of:

- A. Grant Application Cover sheet,
- B. Information requested on Narrative form,
- C. Grant budget,
- D. Copy of IRS determination letter indicating 501 (c)(3) or other non-profit status,
- E. Letter(s) of support, which verify project need and collaboration with other organizations.
- F. **Please specify Youth involvement in the project, these applications will be given priority by the Youth Advisory Committee. Please refer to final page.**

AN ORIGINAL OF ALL REQUESTED ITEMS MUST BE SUBMITTED. FAILURE TO SUBMIT REQUIRED COPIES DISQUALIFIES APPLICATION.

Grant Amounts

Applicants may request any amount; however, the full board of trustees of the SIACF must approve both the higher amount as well as the grant itself.

Due Dates for Applications

Grant applications are due April 8 (Or the first work day following those date's if the 1st is a Saturday, Sunday or Holiday). In fairness to those submitting applications on time late applications will not be considered.

How long does the grant decision process take?

The grants committees meet within the week after the due date. The decisions of the committees must be approved by the Board of Trustees at their monthly meeting. Applicants are normally notified of the decision on their grant by the end of the month the application is due.

Who may apply for a grant?

1. The SIACF has a commitment to the people of the Mackinac County area. Grants are only given to projects which will benefit Mackinac County area residents or which will meet a general community need.
2. Grants are made only to non-profit organizations, including subdivisions of government, exempt from federal taxation. (Federal I.D. # _____) required.
3. Grants must be used for charitable purposes.
4. Grants are generally not made to individuals, except for scholarships via charitable organizations.
5. No grants may be used for any political campaign or to support attempts to influence any governmental body other than through making publicly available the results of nonpartisan analysis, study or research.
6. Grants are usually given one time only, for specific purposes with the understanding that the Foundation has no obligation or commitment to provide any additional support to the grantee. No project will be funded more than once over a 12-month period.
7. **The Foundation does not fund operating expenses, including personnel.**
8. The Foundation operates without discrimination as to age, race, religion, disability, sex or national origin in the consideration of grant requests, and will award grants only to grant seekers, which do not discriminate.

A. Grant Application --- COVER SHEET

Date of Application: _____

Legal Name of Organization Applying: _____
(Should be same as on IRS determination letter and as supplied on IRS Form 990. Federal I.D. # _____ (Do not supply IRS letter.)

Year Founded: _____ Current Operating Budget: \$ _____

Executive Director: _____ Phone Number: _____

Contact Person/Title/Phone Number: _____
(If different from Executive Director)

Principal Address of Administrative Office: _____

City/State/Zip: _____

Fax Number: _____

Project Name: _____

Purpose of Grant: _____

Dates of the Project: _____ Amount Requested: \$ _____

Total Project Cost: \$ _____

Geographic Area Served: _____

List any previous support from this Community Foundation in the last 5 years: _____

(Signature, President, Director or Administrator) (Date)

(Type Name and Title)

(Signature, Project Director) (Date)

(Type Name and Title)

(Signature, Youth Participant) (Date)*

(Type Name and Title)

* If grant is for Youth, please explain clearly in your narrative the youth involvement in the project and in the grant writing process.

FOR OFFICE USE ONLY

Board Action: Approved _____ Denied _____ Date: _____

Amount _____ Fund _____

B. Grant Application --- NARRATIVE

Please provide the following information in the order given.

This narrative should briefly explain why your organization is requesting this grant, what outcomes you hope to achieve and on what you will spend the grant funds. **Please do not exceed 2 pages.**

This summary should include:

- Statement of needs/problems to be addressed.
- Description of target population and how they will benefit.
- If youth are targeted, it is **very** helpful if they take part in planning, grant writing, etc. If targeted youth do not take part in the process, please explain why not.
- If youth are not specifically targeted, are youth involved in the project? How?
- Description of the active involvement of the target population in defining problems to be addressed, making policy and planning the program.
- Description of project goals and objectives (measurable, if possible) and a statement as to whether this is a new or ongoing part of the sponsoring organization.
- Plans to accomplish goals and objectives.
- Timetable for implementation.
- Who are the other partners in the project and what are their roles?
- Long-term strategies for funding this project if it is to continue past the grant period.
- Plans for evaluation. This should explain how success will be defined and measured. Include impact on participants and/or the community in your evaluation.
- Description of how the grantee organization will publicize the grant to help bring in new donors to the foundation.

In addition, please submit the following information about your organization. **(If you have submitted this information on a prior grant application, you need not include it here).** **Please do not exceed 1 page.**

- A brief summary of your organization's history.
- Its mission and goals.
- A description of current programs, activities and accomplishments.
- A list of your board of directors with affiliations.

C. GRANT BUDGET FORMAT

Below is a listing of standard budget items. Please provide the budget only for the project for which you are seeking a grant.

- A. Organizational fiscal year: _____
 B. Time period this budget covers: _____
 C. Expenses: include amounts (1) to be used from this grant (2) for the total project.

	<u>Grant Amount Requested</u>	<u>Total Project Expense</u>
Salaries, Taxes, Benefits	Not Funded Thru Grant	\$ _____
Professional Fees	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Printing, Copying, Supplies	\$ _____	\$ _____
Telephone and Fax	\$ _____	\$ _____
Postage and Delivery	\$ _____	\$ _____
Rent and Utilities	\$ _____	\$ _____
Evaluation	\$ _____	\$ _____
Marketing	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____

Total Amount Requested: \$ _____ **Total Project Expenses** \$ _____

Revenue: Please indicate which sources of revenue are committed and which are pending.

	<u>Committed</u>	<u>Pending</u>
1. Grants/Contracts/Contributions		
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations (itemize)	\$ _____	\$ _____
Corporations (itemize)	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
2. Earned Income		
Events	\$ _____	\$ _____
Publications and Products	\$ _____	\$ _____
3. Membership Income	\$ _____	\$ _____
4. In-Kind Support	\$ _____	\$ _____
5. Other (specify)	\$ _____	\$ _____
6. Total Revenue	\$ _____	\$ _____