



Eaton County

community foundationSM

A fund of the Capital Region Community Foundation

2010 GRANT APPLICATION

BECAUSE OF THE EXTENSIVE NUMBER OF APPLICATIONS TO BE REVIEWED, APPLICATIONS NOT FOLLOWING ALL INSTRUCTIONS CANNOT BE CONSIDERED.

Answer all questions using the blanks provided.

***Note you must prepare and submit your Application On-Line.**

*** see website for instructions after January 1, 2010.**

Please Note: Applicants with outstanding/late evaluations for previous CRCF grants, due on or before this application due date, that are not received by the Foundation before this application due date, will not be considered for funding for this grant cycle.

This application is for informational purposes only. To apply for any CRCF grant you must use our online system.

Click here to apply: <https://crcfgrants.egrant.net>

The average grant from the ECCF ranges between \$1,000-\$2,000, however, this application will be reviewed throughout the year by all advisory committees of the Community Foundation for which it qualifies - potentially receiving multiple funding opportunities/awards.

Date of Application: _____

Grant Request From: _____

Legal Name of Organization, School, or Governmental Entity

Address: _____

City: _____ County: _____ State & Zip: _____

Telephone: _____ FAX: _____ Email: _____

Head Person or Authorizing Agent: _____

Name and Title

Contact Person (Name, Title, Address, Telephone) **if different** from above:

Amount Requested: \$ _____

Date Organization Established

Project Name: _____

Does your Organization have federal **tax-exempt status** under Section 501(c)(3) of the Internal Revenue Code?
Yes_____ No_____ (If yes, attach complete copy of IRS ruling letter to original Application.)

If you are **other qualifying entity**, please indicate which of the following:

- _____ School
- _____ Governmental (city, township, etc.)
- _____ Church or Religious Organization for community-benefit project

If applying through a qualifying organization other than your own, please state **Fiscal Agent's** name, its contact person's name and title, address, telephone and fax: (Attach Fiscal Agent's endorsement on its letterhead for the purpose of this grant request, its agreement to manage any grant monies awarded, acceptance of legal responsibility for ensuring the charitable nature of the funded project, for accountability of the project, and agreement to communicate directly with the Community Foundation for provisions of reports and correspondence as outlined in contractual documents.)

Are you requesting funds for a **new program**? Yes_____ No_____ ; an **existing program** Yes_____ No_____ OR a **capital request** (i.e., to purchase equipment, build or renovate a building)? Yes_____ No_____

Will this grant from the Community Foundation help meet a **required match**? Yes_____ No_____ If yes, by whom?

You must list **all previous grants** received from the Capital Region Community Foundation through the application process within the last five years:

<u>Purpose/Project</u>	<u>Amount</u>	<u>Date</u>
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If program/project took place last year, what was the outcome or success, and the number served in the tri-county?

Grant Purpose **Synopsis** (75 words or less): (What would the grant money be used for?)

Number of people served in the tri-county only, per county, by this project/program (if covers a larger area, just list number served in following counties): Ingham Co. _____, Clinton Co. _____, and Eaton Co. _____ = Total _____

Geographic area served by project/program: _____

Beginning and ending **dates of project/program**: _____

Date(s) the grant funds would be needed: _____

Are you open to a later timeline for subsequent grant consideration? Yes _____ No _____

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

In the event we are unable to fund your full request, please indicate **priority items** and dollar amount for same:

_____, \$ _____

List the **General Objectives/Mission** of the Organization including number of individuals or families served:

Number of full-time **employees**: _____ Part-time employees: _____ Volunteers: _____

Will this grant involve additional employees? Yes _____ No _____ If yes, how many? _____

How do you substantiate **community need** for this project/program?

Signatures of two Authorized Agents--for example: Applicant's Head of Organization (Board Chair, Superintendent, Mayor, etc.) and Head of Staff (Executive Director, Pastor, Principal, etc.):

_____ Date: _____

Signature

Typed Name and Title: _____

_____ Date: _____

Signature

Typed Name and Title: _____

NARRATIVE

Please submit the following information in this order, using these headings, subheadings and numbers. The Narrative is **not to exceed four pages**, including one page for the budget (one side counts for one page); it may be single spaced in not less than 11-point font size. *Because of the extensive number of applications to be reviewed, all applications not following instructions will be disqualified.*

1. Purpose of Grant
 - a. Statement of needs/problems to be addressed, description of target population and how it will benefit.
 - b. Description of project goals and objectives.
 - c. Plans to accomplish goals and objectives, if not covered in "b."
 - d. Timetable for implementation.
 - e. Who are the other partners in the project and what are their roles?

- f. Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.
 - h. List key staff and volunteers and youth including name, title, education, qualifications and/or experience that will ensure the success of the program.
 - i. Describe any long-term strategies for funding this project at end of grant period.
 - i. List the top five reasons the Community Foundation should fund this proposal.
2. **Evaluation** (If funded, the Community Foundation will supply an Evaluation form to be completed by the end of the one-year grant period.)
- a. Plans for evaluation including how success will be defined and measured.
 - b. Will a site visit be possible by Community Foundation representatives to view the project/program in progress? If yes, please give an idea as to when, where, what and with whom we can visit.
3. **Budget** (to provide the needed detail, the line-item budget must be included in page 4 of the narrative, and you must indicate priority items) ***NOTE:** preference will be given to grant applications that provide clear, complete, and detailed project/program budgets. The full organizational budget is required under the mailed attachment section.
- a. Provide a detailed line-item program/project budget including how the budgeted amount was calculated.
 - b. List all other funding in the line-item project/program budget. List amounts requested or secured for the proposed project./program from all other funding sources including foundations, corporations, and individuals. Please indicate in-kind support, matching gifts, and organizational commitments as well.
*Note: priority will be given to applications that encourage matching gifts/additional funding, or have dollars/in-kind support already secured or pledged.

ATTACHMENTS (those applicable)

1. Copy of current IRS determination letter indicating 501(c)(3) tax-exempt status; include all pages. (Staple 1 to original of mailed Application, only.)
2. For School applying on behalf of School Student Organizations: Copy of student organization's constitution and bylaws, rules of procedures or other evidence of the organizational structure, and list of officers. (Staple 1 to original of mailed Application, only.)
3. Most recent annual financial statement-(required), (independently audited, if available). (Staple or clip 1 to the original of mailed Application, only.)
4. Annual Report, if available. (Staple or clip 1 to original of mailed Application, only.)
5. List of Board Members, Governmental or Church Council Members, with affiliations. (Attach 1 to on-line & Staple 1 to each mailed Application. 18 total.)
6. Applicant's current annual operating budget, including expenses and revenues. (Attach 1 to on-line & Staple 1 to each mailed Application. 18 total.)
7. Up to three letters of support for program verifying project need, collaboration with other organizations, and community support. (OPTIONAL; if supplied, attach 1 set to on-line & 1 set to each mailed Application. 18 total.) ***Must arrive with emailed Application.** 18 total)
8. If you are applying for a capital grant, attach a picture of the equipment the grant would purchase. (OPTIONAL; if supplied, staple one to each mailed Application. 18 total.)

COPIES AND ORDER: All applications including the application body, narrative w/budget, and applicable attachments, must first be submitted on-line. The **original**, plus **17 copies of the original (18 total) including applicable attachments-see above- must be received (hand delivered or postmarked)** by the Capital Region Community Foundation by the required deadline(s).

Order of each mailed packet: (1) Application, (2) Narrative w/budget, and (3) Attachments listed above. Please do not include other attachments, folders of information, cover letters, etc.; brevity is greatly appreciated.

DEADLINE(s): All ECCF applications must follow this form. ECCF grant applications **must be RECEIVED/SUBMITTED on-line, complying with grant application instructions and following the “2010 Grant Application” form, NO LATER THAN 5:00 P.M., MONDAY, MARCH 1, 2010. The one original and 17 copies (18 total) including attachments must also be received (hand delivered or postmarked) by Monday, March 1, 2010.**

Our phone number is (517) 272-2870, if you need further directions. Applications **must be submitted on-line**. In fairness to applicants who meet the deadline, we will not accept late submissions—please do not call for an extension.

STAFF ASSISTANCE: If you would like to discuss a grant idea, verify qualification of your proposal or organization, or have any questions, please call our Program Staff, at (517) 272-2870.

Capital Region Community Foundation

“The Center for Charitable Giving”

6035 Executive Drive, Suite 104

Lansing, MI 48911

Telephone: (517) 272-2870; FAX: (517) 272-2871 Website: www.crcfoundation.org