



GRANT APPLICATION PROCEDURES

1. Complete GRANT APPLICATION COVER SHEET.
2. Complete GRANT APPLICATION.
3. Assemble required documents and supporting materials.
4. Complete GRANT APPLICATION CHECKLIST
5. Submit GRANT APPLICATION CHECKLIST, COVER SHEET and completed GRANT APPLICATION (with required documents and supporting materials) to the South Haven Community Foundation by the March 15 of each year.

Note: Electronic transmission of your Grant Application Package to grants@southhavencf.org is required.

IMPORTANT

The South Haven Community Foundation will only consider grant applications (1) from organizations that have been recognized as non-profits (501(C)3) by the Internal Revenue Service or from school systems or municipal governments; (2) for projects that benefit the greater South Haven community; and (3) that are complete and timely.

SOUTH HAVEN COMMUNITY FOUNDATION GRANT APPLICATION PROCEDURES



GRANT APPLICATION CHECKLIST

(Your Grant Application package must contain the following)

- Completed Checklist
- Completed and signed Cover Sheet
- Completed Application
- Required Attachments
 - Organizational chart
 - List of Officers and Directors
 - IRS 501(c)3 determination letter
 - Current (within 90 days) Certificate of Good Standing from state of MI.
 - Most recent annual financial statement (balance sheet & income statement)
 - Most recent periodic financial statements (balance sheet & income statement)

The entire package must be transmitted electronically to grants@southhavencf.org. You will receive an acknowledgement of receipt within ten days.

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GRANT APPLICATION COVER SHEET

APPLICANT ORGANIZATION:

- Mailing address:

- Physical address:

- Organization email: _____

- URL: _____

- Telephone: _____

- Fed EIN: _____

- Mission:

- Geographic area served:

- Is Applicant a 501(c)3 organization or a governmental entity? _____.

If "NO" application cannot be considered.

CONTACT PERSON:

- Name/Title: _____

- Email: _____

- Cell phone: _____

PROJECT:

- Summary:

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- Project dates: Start _____ Finish _____
 - Collaborative partners: _____
 - Amount requested: _____
 - Total project cost: _____

REQUIRED ATTACHMENTS:

- Grant Application Cover Sheet
- 501(c)3 determination letter from IRS
- Certificate of Good Standing from MI (dated within 90 days of Grant Application)
- Most recent annual financial statements (balance sheet & income statement)
- Most recent periodic financial statements (balance sheet & income statement)
- Explanation of any significant financial matters not reflected fully in applicant's annual or periodic financial statements
- Applicant's officers and directors
- Applicant's organizational chart

NOTE: If grant request is approved in whole or in part applicant is required to credit the SHCF in all materials regarding the project and to submit a Completed Project Report and provide photographs of the Project to the Foundation.

CERTIFICATION

Applicant certifies that its Grant Application, all attachments and other submitted material are accurate and agrees to meet all SHCF requirements.

Date: _____ Applicant: _____

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GRANT APPLICATION FORMAT

SUMMARY

- Describe Applicant and its history.
- Describe the role the Applicant plays in the greater SH community?
- Describe Project for which this grant is requested.
- How does Project relate to one or more of SHCF's priorities: Education, Economic Development; Arts and Culture (be specific).

PROJECT

- What needs/problems does Project address?
- Project's target population?
- Anticipated number of project participants?
- Project's benefit to the community?
- Project's goals, measurable objectives and action plans?
- Anticipated barriers/challenges?
- New or ongoing Project? (If ongoing, describe history)
- Project timetable?
- Known similar projects and how Project differs?
- Partners? Describe planned collaboration.
- Required staffing and/or staff training for Project? How will these requirements be met?

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- Will Project be continuing? If so, long-term funding strategy?

PROJECT EVALUATION

- Who will evaluate your project?
- How and when will project be evaluated?
- How will success be defined and measured?
- How will project/evaluation results be used?

PROJECT BUDGET

- Complete Grant Application Budget form.
- If full amount of grant request is not funded, identify priority items.
- If grant request is not funded, will project proceed? If so, list financial resources.

PREVIOUS GRANTS FROM SHCF

- List all Grants received in the past 5 years and describe the projects.
- Start/Finish dates of the previously granted projects
- Has applicant submitted Final Grant Summary for each of its prior grants?
(Must be submitted before this application will be considered.)

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GRANT PROJECT BUDGET FORMAT

Below is a listing of standard budget items. Please provide the project budget in this format and in this order.

Organizational fiscal year: _____

Time period this grant budget covers: _____

For a CAPITAL request, substitute your format for listing expenses. These may include: architectural fees, land/building purchase, construction costs, and marketing expenses.

Project Expenses: Provide the project costs for each of the following applicable budget categories. Please detail total project costs and requested amounts. Do not include your organization's overhead.

Budget Categories	Requested Amount	Total Project Cost
Employee Salaries	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____
Independent		
Contractors Fees	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Printing and Copying	\$ _____	\$ _____
Advertising	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
	\$ _____	\$ _____

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\$ _____ \$ _____
Total amount \$ _____ **Total project expenses** \$ _____

	<u><i>Committed</i></u>	<u><i>Pending</i></u>
1. Grants/Contracts/Contributions		
Local Government	\$ _____	\$ _
State Government	\$ _____	\$ _
Federal Government	\$ _____	\$ _
Foundations (itemize)	\$ _____	\$ _
Businesses (itemize)	\$ _____	\$ _
Service Organizations (itemize)	\$ _____	\$ _____
Individuals	\$ _____	\$ _
Other (specify)	\$ _____	\$ _
	\$ _____	\$ _____
2. Earned Income		
Program Events	\$ _____	\$ _
Program Publications & Products	\$ _____	\$ _
3. Membership Income	\$ _____	\$ _
4. In-Kind Support	\$ _____	\$ _
5. Other (specify)	\$ _____	\$ _
	\$ _____	\$ _____

