GRANT APPLICATION PROCEDURES

GRANT APPLICATION CHECKLIST

(Your Grant Application package must contain the following)

☐ Completed Checklist

☐ Completed Cover Sheet

☐ Required Attachments

☐ Completed Application

☐ Organizational chart

☐ List of Officers and Directors

☐ IRC 501(c)(3) determination letter (only first-time applicants)

☐ Current Certificate of Good Standing- Michigan
https://cofs.lara.state.mi.us/corpweb/Admin/OrderEntry.aspx

☐ Recent annual financial statement (balance sheet & income statement)

Submit to South Haven Community Foundation by <u>March 15</u> of each year.

Note: Electronic transmission of your Grant Application Package to grants@southhavencf.org is required and will be acknowledged in 15 days.

The South Haven Community Foundation will only consider grant applications (1) from 501(c)(3) nonprofits recognized by the Internal Revenue Service or from school systems or municipal governments; (2) for projects within our service area that meet one or more of the Foundation's Priorities: Education, Economic Development, Arts, Culture; and (3) are complete and timely.

GRANT APPLICATION COVER SHEET

DATE OF APPLICATION:_____

NAME OF ORGANIZATION:_____

- o Mailing address: _____
- o Physical address: _____
- o Organization email: _____
- o Web Address: _____
- o Telephone: _____
- o Fed EIN: _____
- o Mission: _____
  _____
- o Geographic area served:_____
- o Is Applicant a 501(c)(3) organization, school or a governmental entity? ____
  If "NO" application cannot be considered.

CONTACT PERSON:

- o Name/Title: _____
- o Email: _____
- o Cell phone: _____
- o Approved by Executive Director or Board Chairperson ___yes ___no

PROPOSED PROJECT:

- o Project Name:_____
- o Summary: _____
  _____
  _____
  _____
- o Project dates: Start_____ Finish_____
- o Amount requested:_____
- o Total project cost: _____

REQUIRED ATTACHMENTS in addition to completed application:

Nonprofit organization must submit:

- o 501(c)(3) determination letter from IRS (only if first time applicant)
- o MI Certificate of Good Standing (within 90 days of Grant Application) https://cofs.lara.state.mi.us/corpweb/Admin/OrderEntry.aspx
- o Most recent annual financial statements (balance sheet & income statement)
- o Applicant's officers and directors
- o Applicant's organizational chart

Units of Municipal Governments and School Systems must submit:

- List of Board Members
- Current year operating budget

List previous SHCF grants received in the past 5 years and name of project.

Note: Final Report must be received for prior grant year before application will be considered.

Year   Project and grant amount

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Requirements after grant request is approved:

The Foundation will be acknowledged on all project related material

A Final Report will be submitted by December 31 of the grant year

APPLICANT SIGNATURE _____

Date of application _____

GRANT APPLICATION FORMAT
(ATTACH WRITTEN NARRATIVE)

SUMMARY

- o What is the purpose of proposed grant?

- o How does the project address the need in the community?

- o How does the proposed grant specifically relate to one or more of SHCF's priorities: Education, Economic Development, Arts, Culture?

PROJECT

- o Project description including target audience and number of participants

- o Project goals and measurable objectives

- o Project action plan including program components, activities, timeline

- o Note if other community organizations are currently doing similar projects

- o Collaboration with other organizations.

- o Evaluation of project to determine impact

- o Describe sustainability of project or indicate if it is a one-time project

- o Qualifications of staff/volunteers to ensure project success

- o Budget narrative describing costs

PROJECT BUDGET

- o Complete Grant Application Budget form.

- o If full amount of grant request is not funded, identify priority items.

- o If grant request is not funded, will project proceed? If so, list financial resources.

GRANT PROJECT BUDGET FORMAT *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 applicable budget categories. Please detail total project costs and requested amounts. (Salaries, fringe benefits and overhead costs are ongoing business expenses not directly attributed to this grant request).

Budget Categories	Requested Amount	Total Project Cost
Contractor/Consultant	$_____	$_____
Equipment	$_____	$_____
Supplies	$_____	$_____
Printing and Copying	$_____	$_____
Advertising	$_____	$_____
Other (specify)	$_____	$_____
	$_____	$_____
	$_____	$_____

Total amount $_____ Total project costs $_____

Revenue: include a **description and the total amount** for each of the following budget categories, in this order; please indicate which sources of revenue are committed and which are pending.

	Committed	_Pending_
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)**	$_____	$_____
	$_____	$_____
Total Revenue:	**$_____**	**$_____**