



## Tier One:

**\$100-\$1,000** (Can be used for project and general operating expenses)

\*Organizations may submit one grant application per grant cycle

# GRANT APPLICATION PROCEDURES

## GRANT APPLICATION CHECKLIST

(Your Grant Application package must contain the following)

- ☐ Completed Grant Application Cover Sheet
- ☐ Signed Application
- ☐ Written Narrative w/Expenses
- ☐ List of Officers and Directors
- ☐ IRS 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>
- ☐ Organization's current Operating Budget

Submit to South Haven Community Foundation by March 15 of each year.

*Note: Electronic transmission of your Grant Application Package to [grants@southhavencf.org](mailto:grants@southhavencf.org) is required and will be acknowledged with 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 operating expenses or 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.*

# SOUTH HAVEN COMMUNITY FOUNDATION GRANT APPLICATION PROCEDURES



## GRANT APPLICATION COVER SHEET

DATE OF APPLICATION: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

- Mailing address: \_\_\_\_\_
- Physical address: \_\_\_\_\_
- Organization email: \_\_\_\_\_
- Web Address: \_\_\_\_\_
- Telephone: \_\_\_\_\_
- Fed EIN: \_\_\_\_\_
- Mission: \_\_\_\_\_
- Geographic area served: \_\_\_\_\_
- Is Applicant a 501(c)(3) organization, school or a governmental entity? \_\_\_\_

*If "NO" application cannot be considered.*

CONTACT PERSON:

- Name/Title: \_\_\_\_\_
- Email: \_\_\_\_\_
- Cell phone: \_\_\_\_\_
- Approved by Executive Director or Board Chairperson \_\_\_\_yes \_\_\_\_no

PROPOSED PROJECT or REQUEST FOR OPERATING EXPENSES

- Summary of Project or Need for Operating Expenses

\_\_\_\_\_  
\_\_\_\_\_

- Project/Expenses dates: Start \_\_\_\_\_ Finish \_\_\_\_\_
- Amount requested: \_\_\_\_\_
- Total cost: \_\_\_\_\_

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.

# SOUTH HAVEN COMMUNITY FOUNDATION GRANT APPLICATION PROCEDURES



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 ONE PAGE WRITTEN NARRATIVE)**

### **SUMMARY**

- What is the purpose of proposed grant?
- How does the project/request for operating expenses address the need in the community or your organization to better serve the community?
- How does the proposed grant specifically relate to one or more of SHCF's priorities: Education, Economic Development, Arts, Culture?
- Project Request, include target audience and number of participants  
Operating Expense Request, describe budget area requiring greatest need
- Budget narrative describing costs

**Project Expenses:** Provide the project costs for your project or estimated annual budget of an Operating Expense grant request. (Salaries, fringe benefits and overhead are allowed in TIER ONE Grants only).

Use your format for listing expenses.