SOUTH HAVEN AREA COMMUNITY FOUNDATION
For good. For all.

Tier One:

$100-$1,500 (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
- ☐ Witten Narrative w/Expenses
- ☐ List of Grants you have received from SHCF in the last 5 years
- ☐ List of Officers and Directors
- ☐ IRS 501(c)(3) determination letter (only first-time applicants)
- ☐ Current Certificate of Good Standing- Michigan
- ☐ Organization's current Operating Budget

Note: Electronic transmission of your Grant Application Package to 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.

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

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: _____

Requirements after grant request is approved:

The Foundation will be acknowledged on all project related material

A Final Report will be submitted by January 31 of the following 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.