



community foundation

St. Clair County

# Grant Guidelines

For Staff Use Only:	
<input type="checkbox"/>	Access to Recreation
<input type="checkbox"/>	Blue Water Arts Committee
<input type="checkbox"/>	Grants Committee
<input type="checkbox"/>	Women's Initiative
<input type="checkbox"/>	YAC

The Community Foundation serves charitable needs and enhances the quality of life in St. Clair County.

### Eligibility:

Any non-profit charitable organization registered with the IRS and located within St. Clair County.

### Strategic Priorities 2010 – 2012

Beginning in 2010 the Foundation will focus grantable resources on People & Place.

**People** - Since the Foundation was established in 1944 we have worked with people (our donors) to improve the lives of other people (our residents). Beginning in 2010 we will continue our long history and tradition of investing in our community by supporting and enriching the lives of our residents. Our long-term focus will be on;

- Education (see additional information on priorities within education)
- Arts & cultural education and enrichment
- Additionally, given these challenging times and the recent feedback from our constituents, the Foundation will also continue to address Basic Needs & Human Services – via; Match Day, Back to School, Nonprofit capacity (physical space, organizational growth, collaboration, etc).

**Place** - The Foundation will collaborate with other partners who share our belief in “quality of place”. Our primary focus will be on;

- Community and Economic Growth Opportunities (New Economy)
- Outcomes of the Bridge Plaza economic study
- Regional collaboration among governments and the private sectors

In recognizing that economic prosperity is the result of multiple “quality of place” initiatives, we will seek to invest in programs and initiatives which support one or more of the following;

- Downtowns: Preserving our unique small town atmosphere
- Waterfront Development & Utilization
- Tourism
- On a regional level via Discover the Blue
- Agritourism
- Boating & Maritime Heritage

Additional details on the Community Foundation’s Priorities can found on our website:  
[www.stclairfoundation.org](http://www.stclairfoundation.org)

### How to begin the application process:

Call or send a letter briefly summarizing the proposed project. Include contact information, need to be addressed, objectives, and strategy to address need and community partners. State the amount of grant support being requested from the Foundation, as well as the total estimated project cost.

A Program Officer will contact you to discuss your project and the Grant Application form. The quarterly deadline dates for submitting a completed Grant Application are the first day of January, April, July and October.

In considering grants, the Foundation operates without regard to age, race, religion, sex or national origin and awards grants only to organizations that observe similar nondiscriminatory policies.

**Projects that will not be considered for funding are those which involve:**

- Sponsorships of sports and/or academic teams for contests, competitions and events
- Activities influencing legislative elections
- Activity/purpose that would violate the Foundation's tax exempt status under the IRS code
- Debt reduction, deficit operations or venture capital funds.
- Individuals (except for scholarships)
- Private Foundations
- Organizations that discriminate on the basis of race, religion, gender, disability or national origin.
- Request for funds which will be redirected to individuals, other activities or organizations.

**The Foundation's review process pays special attention to the following:**

- For an ongoing activity, what will be its future source of funding?
- Is the applying organization well run, with an active and well-qualified board and a competent staff capable of implementing the proposed activity?
- What is the organization's financial condition and fiscal history?
- Are there more logical sources of funding than the Community Foundation?
- Are there a variety of funding opportunities?
- Is the proposed activity well conceived and is its budget realistic?

**Accountability:**

- Within twelve months after a grant is received or upon completion, which ever occurs first, a grant recipient must report on the expenditure of grant funds and the status of the project(s). Information to include in the final report will be provided in the grant award letter.
- Any funds not spent for the specific purpose of a grant must be returned to the Foundation.

Community Foundation of St. Clair County  
516 McMorran Blvd.  
Port Huron, MI 48060-3826  
810-984-4761

Email: [info@stclairfoundation.org](mailto:info@stclairfoundation.org) Website: [www.stclairfoundation.org](http://www.stclairfoundation.org)



community foundation<sup>™</sup>

**St. Clair County**

## **Grant Application Format**

The attached Grant Application is divided into the following four sections:

1. Information about your organization
2. Information about your organization's finances
3. Case for Support
4. A detailed budget of revenues and expenses for the grant

Applications must be submitted using the Foundation's Grant Application form.

Please contact the office with any questions while preparing this application. Additional information or a site visit may be requested at any stage of the evaluation process.

**Application deadline:** The Foundations awards grants on a quarterly basis and the deadline for submitting completed applications is the first day of January, April, July and October for decision in March, June, September and December.

**Foundation Priority Areas 2010-2012** can be found on the Foundation's website at [www.stclairfoundation.org](http://www.stclairfoundation.org).

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St. Clair County

# GRANT APPLICATION

\_\_\_\_\_  
**Date of Application**

Legal Name of Organization Applying: \_\_\_\_\_  
(Should be same as on IRS determination letter and as supplied on IRS Form 990)

Year Founded: \_\_\_\_\_ Current Operating Budget: \$ \_\_\_\_\_

Executive Director: \_\_\_\_\_

Contact Person (if different from Executive Director): \_\_\_\_\_

Address (Principal/Administrative Office): \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Tax ID #: \_\_\_\_\_ Is this a 501(c)(3) organization: Yes \_\_\_ No \_\_\_  
Copy of IRS tax exempt status letter required – see Section 2, item 2B.

List any previous support received from Community Foundation of St. Clair County: \_\_\_\_\_

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

Project / Program Name: \_\_\_\_\_

Purpose of Grant (one sentence): \_\_\_\_\_

\_\_\_\_\_

Dates of Project / Program: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Total Project / Program Cost: \$ \_\_\_\_\_ Estimate of individuals impacted # \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

\_\_\_\_\_  
Signature of Chairperson, Board of Directors Date

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Signature of Executive Director Date

This form is similar to the CMF Common Grant Application Form

**Section 1: Description of the Organization**

**1A** Brief description the organization's history, goals, current programs and activities, specifically as they relate to the grant. (Use additional typed pages if necessary)

**1B** Names, affiliations and terms of office for Officers and Directors, organizational chart. (if available)

**1C** Additional information helpful in knowing about your organization

**Section 2: Summary of your organization's finances.**

**2A** Organization's fiscal year \_\_\_\_\_

**2B** Attach a copy of 1) current IRS tax exempt status letter  
 2) most recent financial statement, independently audited if possible and most recent IRS form 990 filing.

**2C** Organization's current Annual Operating Budget. (revenues/expenses).

**Use this form or your own.** Note: The Grant Program/Project Budget is separately detailed in Section 4.

**Revenues:** Include a description and total amount for each of the following categories. Indicate which are committed and which are pending.

	<u>Committed</u>	<u>Pending</u>
Grants/Contracts/Contributions		
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations	\$ _____	\$ _____
Corporations	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Earned Income		
Events	\$ _____	\$ _____
Publications and products	\$ _____	\$ _____
Membership income	\$ _____	\$ _____
In-kind support (specify)	\$ _____	\$ _____
Other (specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL REVENUES</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Expenses:**

Salaries, payroll taxes, fringe benefits	\$ _____
Consultants and professional fees	\$ _____
Insurance	\$ _____
Travel	\$ _____
Equipment	\$ _____
Supplies, printing, copying, telephone, fax, postage	\$ _____
Rent, utilities, maintenance	\$ _____
Evaluation	\$ _____
Marketing	\$ _____
Other (specify) _____	\$ _____
_____	\$ _____
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>

**If Revenues do not equal Expenses please provide explanation**

### **Section 3: Case for Support.**

#### **3A. Executive Summary of Program/Project**

#### **3B. In two pages or less present your Case for Support by answering the following five questions.**

It is requested that you be specific, use bullet points to list ideas and include specific examples and statistics.

1. What is the problem or social need (the big picture)?  
(Provide specific examples and statistics)
2. Identify the issue(s) contributing the problem or social need that you will address?
3. How will you address the above issue(s)?  
(Cite best practices and statistics where available)
4. What results do you want to achieve?  
(Provide measurable outcomes and proposed evaluation process)
5. Why are you the best organization to address the need?

#### **3C. How does the project/program address one or more of the Foundation's current priority areas?** A list of current priority areas can be found on the Foundation's website at [www.stclairfoundation.org](http://www.stclairfoundation.org) under *Current Initiatives*.

#### **3D. Accessibility – Is the project/program barrier free and universally accessible to individuals of all physical abilities?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

#### **3E. Evaluation – Plans for evaluation including how success will be defined and measured.**

#### **3F. How will you proceed if you do not receive funding from the Community Foundation?**

**Section 4: Program/Project Budget**

4A Time period this budget covers \_\_\_\_\_

4B \_\_\_\_\_ 4C \_\_\_\_\_  
 Total cost of project Amount requested from Community Foundation

4D Description of various budget categories (for a large financial request, make up your own more detailed form. (e.g. separate salaries, taxes, fringes or supplies, printing & copying.) In most cases Revenues will equal Expenses, they are not equal include explanation.

<b>Revenues:</b>	<b><u>Committed</u></b>	<b><u>Pending</u></b>
Grants/Contracts/Contributions		
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations (itemized)	\$ _____	\$ _____
Corporations (itemized)	\$ _____	\$ _____
Individuals (itemized)	\$ _____	\$ _____
Other (specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Earned Income		
Events	\$ _____	\$ _____
Publications and products	\$ _____	\$ _____
In-kind support (specify)	\$ _____	\$ _____
Other (specify) _____	\$ _____	\$ _____
_____		
Totals for committed and pending:	\$ _____	\$ _____

**TOTAL REVENUES (committed + pending = Total Revenue)**      \$ \_\_\_\_\_

<b>Expenses:</b>	
Salaries, payroll taxes, fringe benefits	\$ _____
Consultants and professional fees	\$ _____
Insurance	\$ _____
Travel	\$ _____
Equipment	\$ _____
Supplies (printing, copying, telephone, fax, postage)	\$ _____
Rent, utilities, maintenance	\$ _____
Evaluation	\$ _____
Marketing	\$ _____
Other (specify) _____	\$ _____
_____	\$ _____
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>

***If Revenues do not equal Expenses please provide explanation.***

4E \_\_\_\_\_ 4F \_\_\_\_\_  
 Executive Director/President (Print) Contact person (Print) Phone

\_\_\_\_\_  
 Signature of Director or President

\_\_\_\_\_  
 Signature of contact person