



community foundation

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 2007-2009

Beginning in January of 2007 the Community Foundation has adopted the following Strategic Priority Areas:

- o Economic Development
- o Education
- o Arts & Culture

Grant applications requesting grants from our discretionary funds must demonstrate how they address one of these priority areas. Grant applications requesting grants from other Field of Interest Funds are excluded from this requirement. Visit the Foundation's website for additional information.

Community Foundation of St. Clair County

516 McMorran Blvd.

Port Huron, MI 48060-3826

Phone: 810-984-4761

Fax: 810-984-3394

Email: info@stclairfoundation.org Web site: www.stclairfoundation.org



community foundation
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:** _____

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**

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 501(c)(3) IRS determination letter
 2) most recent financial statement, independently audited if possible or most recent IRS form 990.

2C Current annual operating budget. (revenues and expenses). Use this form or your own.

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) _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| TOTAL REVENUES | \$ _____ | \$ _____ |

Expenses:

| | |
|--|-----------------|
| Salaries, pay-roll taxes, fringe benefits | \$ _____ |
| Consultants and professional fees | \$ _____ |
| Insurance | \$ _____ |
| Travel | \$ _____ |
| Equipment | \$ _____ |
| Supplies, printing, copying, telephone, fax, postage | \$ _____ |
| Rent, utilities, maintenance | \$ _____ |
| Evaluation | \$ _____ |
| Marketing | \$ _____ |
| Other (specify) _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL EXPENSES | \$ _____ |

Section 3: Case for Support.

3A. 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)?
(Site 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?

3B. 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 under Priority Areas.

3C. Evaluation – Plans for evaluation including how success will be defined and measured.

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

