

Tuscola County

community foundationSM

GRANT APPLICATION FORM

Name of Organization: _____

Address: _____

Contact Person: _____ Telephone Number: _____

List the Fund for which you are applying: _____

Year Founded: _____ Geographic Area Served: _____

Is Applicant a Unit of Government? Yes No Amount Requested:\$ _____

Purpose of Organization: _____

Purpose/Use of Grant Funds (one sentence): _____

Beginning and Ending Dates of Project: _____

What other funding sources have been approached and/or are committed to this project?

ATTACHMENTS

1. A brief proposal (of up to 5 pages) describing the following:
 - a) The project, including its need, importance and uniqueness.
 - b) The objectives and plan for addressing the need.
 - c) The organization's qualifications and track record.
 - d) An evaluation and monitoring plan for the project (if the grant is awarded, a post-project report will be required).
 - e) Volunteer involvement in and/or community support for the project.
 - f) Opportunities for the project to continue in the future and source(s) of funding for the extension. Indicate if partial funding would be acceptable.
2. A one-page project budget (blank form enclosed) for the amount requested with justification, including other sources of funding (an organization budget may be requested based on a review of the completed application).
3. A copy of the IRS letter confirming 501 (c) (3) tax status.
4. A list of the organization's Board of Directors.
5. A statement authorizing this grant request signed by the Chairman of the Board or President of the organization and by the person responsible for the program



GRANT APPLICATION SUGGESTIONS

1. A cover letter should be included to introduce your organization and the grant request, including the amount being requested.
2. All prepared attachments should be typed with double-spacing using 10-point font or greater.
3. The attachments and any commentary should be enclosed in the order listed using headings, subheadings and numbers provided.
4. Do not include any materials other than those specifically requested at this time.
5. Do not send videotapes.
6. Be brief.
7. Do not send letters of support unless requested to do so.
8. Submit the original and 5 copies of the application.
9. Call if you need help with the application.
10. Send application to:

Executive Director
Tuscola County Community Foundation
P.O. Box 534
Caro, MI 48723

GRANT BUDGET FORMAT

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- A. Organizational fiscal year: _____
 B. Time period this budget covers: _____
 C. For a capital request, substitute your format for listing expenditures.
 D. **Revenues:**

	<u>Committed</u>	<u>Pending</u>
1. Grants/Contracts/Contributions	\$ _____	\$ _____
(a) Local Government	\$ _____	\$ _____
(b) State Government	\$ _____	\$ _____
(c) Federal Government	\$ _____	\$ _____
(d) Foundations (itemize)	\$ _____	\$ _____
(e) Corporations (itemize)	\$ _____	\$ _____
(f) Individuals	\$ _____	\$ _____
(g) Other (specify)	\$ _____	\$ _____
2. Earned Income		
(a) Events	\$ _____	\$ _____
(b) Publications and Products	\$ _____	\$ _____
3. Membership Income	\$ _____	\$ _____
4. In-Kind Support	\$ _____	\$ _____
5. Other (Specify)	\$ _____	\$ _____
Total Revenue	\$ _____	\$ _____

E. **Expense**

	<u>Amount Requested From TCCF</u>	<u>Total Project Expense</u>
1. Consultants & Professional Fees	\$ _____	\$ _____
2. Equipment	\$ _____	\$ _____
3. Evaluation	\$ _____	\$ _____
4. Fringe Benefits	\$ _____	\$ _____
5. Insurance	\$ _____	\$ _____
6. Maintenance	\$ _____	\$ _____
7. Marketing	\$ _____	\$ _____
8. Other (Specify)	\$ _____	\$ _____
9. Payroll Taxes	\$ _____	\$ _____
10. Printing & Copying	\$ _____	\$ _____
11. Postage & Delivery	\$ _____	\$ _____
12. Rent	\$ _____	\$ _____
13. Salaries	\$ _____	\$ _____
14. Supplies	\$ _____	\$ _____
15. Telephone & Fax	\$ _____	\$ _____
16. Travel	\$ _____	\$ _____
17. Utilities	\$ _____	\$ _____
Total Expenses	\$ _____	\$ _____