

Mt. Pleasant Area
community foundationSM

2012 GRANT APPLICATION

For Office Use Only

I. COVER SHEET

Application Deadline: 1/25/12 5/23/12 9/26/12

A. Legal Name: _____ (The legal name of your charitable organization/school system/government body should be identical to the name on your IRS Tax Determination Letter.)

B. Unit Name: _____
(The "Unit" is the department, school, or program requesting funds within the legal entity.)

C. Directory Information of Applicant Organization: EIN: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Website: _____

D. Person Writing Request:

Name: _____ Title: _____

Direct Phone: _____ E-mail: _____

E. Person Responsible for Conducting this Project:

Name: _____ Title: _____

Direct Phone: _____ E-mail: _____

F. Executive Director/President/Superintendent/Chair of Organization:

Name: _____ Title: _____

Phone: _____ E-mail: _____

G. Dollar Amount Requested from MPACF: \$ _____

H. Total Project Expense: (Should correspond with the expense total shown in Section IV. A.) **\$** _____

I. Project Title: _____

J. Project Date(s): _____

K. Project Summary: (Provide a brief description of your project, in **75 words or less**, that can be used by the Community Foundation to describe your project to fund representatives, committee members, and the public.)

II. PROGRAM NARRATIVE

A. Statement of Purpose: (What is the purpose of the project and what issue(s) does it address? Document the need for the project. Is this a new or ongoing project for the organization? For the community? Are there similar programs in the community? How is this different? Is it an underserved need? If so, how?)

B. Project Impact: (Describe the expected impact of the project. Who will benefit? Estimate the number of people to be impacted. Define them demographically (income, race, gender, age, etc.).)

C. Implementation/Timeline: (Specify the activities to be undertaken and the timeline for their implementation.)

D. Collaboration: (If collaborating with other organizations on this project, please indicate which one(s) and describe the collaborative efforts. Provide letters of support as attachments if applicable.)

E. Future Plans: (Is this, or will this become, an ongoing project? If so, describe how the organization will support it in the future.)

F. Evaluation Process: (Describe how the organization will assess and measure the success of the project.)

III. ORGANIZATION BACKGROUND

A. Purpose and History:

B. Community or Constituency Served: (Typically, what has been the geographic and demographic population served by the organization?)

C. Duplication of Services: (What other organization(s) provide the same or similar services in Isabella County? How is this organization different?)

IV. PROJECT BUDGET

A. Line Item Budget: (Provide a comprehensive line item budget for the project, listing all sources of income (including in-kind contributions, funding committed from other sources, funding pending from other sources) and detailing all expenses. Make sure that the total income equals the total expenses for a balanced budget.)

INCOME:

Source	Amount	Description
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
<u>Grant Request – MPACF</u>	\$ _____	_____
TOTAL INCOME	\$ _____	

EXPENSES:

Item/Service	Amount	Description
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
TOTAL EXPENSES	\$ _____	

B. Other Funding Sources: (Provide detail for funding from other sources that has been committed or is pending. Indicate the source, amount, matching requirements or other contingencies, and either the date funds were committed or the date a response is expected if a commitment has not yet been received.)

C. Consequences of Not Receiving Funding from Other Sources: (Explain the consequences of not receiving funding from a source that is currently pending.)

D. Use of MPACF Funding: (Describe how the MPACF grant money will be used.)

E. Bids: (Attach copies of bids (minimum of 2) for purchase of materials, equipment, or services. Give your rationale for choice if the low bid was not selected.)

F. Priorities for Partial Funding by MPACF: (Should the Mt. Pleasant Area Community Foundation not have the resources to support the full grant request, indicate which project expenses are highest priority and potential consequences of receiving partial funding.)

V. PERSONNEL

A. Key Staff / Volunteers: (Who are the key staff/volunteers involved with this project? Describe their qualifications.)

B. Additional Staff / Consultants: (Will additional staff or outside resources be required for this project? If so, who? Describe their qualifications.)

VI. Attachments

Attach the following required materials according to your organization type. Mark all those that will be submitted.

501(c) 3 Organization:

- _____ Most recent copy of IRS Letter of Determination
- _____ Most recent IRS Form 990 or audit
- _____ Current list of governing board members and their contact information (name, title, phone and email)
- _____ Letters of support from collaborative partners, if applicable (See II. D)
- _____ Copies of bids, if applicable (See IV. E)

School System:

- _____ Letter of support from school superintendent
- _____ Current list of school board members and their contact information (name, title, phone and email)
- _____ Letters of support from collaborative partners, if applicable (See II. D)
- _____ Copies of bids, if applicable (See IV. E)

Unit of Government:

- _____ Letter of support by highest ranking paid or elected official
- _____ Current list of governing board members and their contact information (name, title, phone and email)
- _____ Letters of support from collaborative partners, if applicable (See II. D)
- _____ Copies of bids, if applicable (See IV. E)

VII. Submission Instructions:

Save and Email this completed application to info@mpacf.org no later than 4 pm the day of the deadline. Other associated attachments may be emailed as well. Please use the project title as the email subject.

Print one ORIGINAL of this completed application and all associated attachments, and submit them to MPACF.

Mailing address:
PO Box 1283
Mt. Pleasant, MI 48804-1283

Physical address:
306 S. University
Mt. Pleasant, MI 48858

Please do not bind the application or put it in a fancy folder or report cover. Use a paper clip to hold materials together. **Incomplete, late and/or faxed proposals will not be accepted.**

All materials must be received by MPACF within two business days of the deadline. To confirm receipt, applicants may call (989) 773-7322 during regular business hours (Monday-Friday, 9 am - 5 pm).