

# MPACF 2020 Competitive Grant Application

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*Mt. Pleasant Area Community Foundation*

## Organization Information

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### Organization Name\*

*Character Limit: 100*

### Organization Mission and History:\*

*Character Limit: 1200*

### Service Area\*

Please indicate which areas your organization serves.

#### Choices

Bay County  
Clare County  
Gratiot County  
Isabella County  
Mecosta County  
Midland County  
Saginaw County  
State of Michigan  
Other

### Organization Current Board Members:\*

Please upload a current list of governing board members and their contact information (name, title, phone, and email).

(Uploads must be PDF formatted documents, sized to 8-1/2"x11".):

*File Size Limit: 1 MB*

**Is your organization currently in good standing with the Internal Revenue Service? Are you listed on the IRS Charity Check? \***

#### Choices

Yes  
No

**Is your organization a school, government entity or church?**

#### Choices

Yes  
No

**Has the organization (EIN) received grant funding from MPACF in the past?\***

#### Choices

Yes

No

## Outstanding Grant Report

Does this organization have any outstanding grant reports?

*Character Limit: 250*

## Project Details

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### Project Name\*

*Character Limit: 100*

### Project Summary\*

Summary should be 1-2 sentences and should be adequate to describe the project to the public.

**Tip:** Your summary should describe what you're doing, with whom, and why.

*Character Limit: 250*

### Statement of Need\*

Please describe the need for this project. (Can use statistics, surveys, etc.)

*Character Limit: 1200*

### Amount Requested

*Character Limit: 20*

### Total Project Budget\*

*Character Limit: 20*

### Project Description

*Character Limit: 2200*

### Project Start Date\*

The start date should not occur before the application deadline.

*Character Limit: 10*

### Project End Date\*

*Character Limit: 10*

### Project Goals\*

*Character Limit: 1500*

## **Specify the project activities to be undertaken and the timeline for their implementation:\***

*Character Limit: 1000*

## **Project Timeline**

*File Size Limit: 1 MB*

## **Anticipated Goal Outcomes & Measurements\***

Please explain how project goals will be measured.

*Character Limit: 1500*

## **Qualifications\***

**Please describe any unique staff qualifications, past success, or capacity to execute this project.**

*Character Limit: 1000*

## **Check if your project falls within one or more of these 2020 grantmaking priorities.**

### **Choices**

Crime, violence, or bullying  
Lack of jobs that pay enough to live on  
N/A

## **What is the primary area of interest of this project?\***

### **Choices**

Animal Related Activities  
Arts, Culture  
Civil Rights, Social Action, Advocacy  
Community Improvement, Capacity Building  
Disease, Disorder, Medical Disciplines  
Educational Institution  
Employment, Jobs  
Environmental Quality, Protection, Beautification  
Food, Nutrition, Agriculture  
Health, General, Rehabilitative  
Housing, Shelter  
Human Service, Multipurpose  
International, Foreign Affairs, National Security  
Medical Research  
Mental Health, Crisis Intervention  
Philanthropy, Volunteerism  
Public Affairs, Society Benefit  
Public Protection, Crime, Justice, Legal Service  
Public Safety, Disaster Preparedness, Relief  
Recreation, Leisure, Sports, Athletics  
Science, Technology

Social Sciences  
Youth Development

## What is the secondary area of interest of this project?

### Choices

Animal Related Activities  
Arts, Culture  
Civil Rights, Social Action, Advocacy  
Community Improvement, Capacity Building  
Disease, Disorder, Medical Disciplines  
Educational Institution  
Employment, Jobs  
Environmental Quality, Protection, Beautification  
Food, Nutrition, Agriculture  
Health, General, Rehabilitative  
Housing, Shelter  
Human Service, Multipurpose  
International, Foreign Affairs, National Security  
Medical Research  
Mental Health, Crisis Intervention  
Philanthropy, Volunteerism  
Public Affairs, Society Benefit  
Public Protection, Crime, Justice, Legal Service  
Public Safety, Disaster Preparedness, Relief  
Recreation, Leisure, Sports, Athletics  
Science, Technology  
Social Sciences  
Youth Development

## What best describes your funding request?\*

### Choices

Annual Campaigns  
Building, Renovations  
Capital Campaign  
Conference, Seminar  
Computer System  
Curriculum Development  
Debt Reduction  
Exhibitions  
Emergency Funds  
Equipment  
Film, Video, Radio  
General, Operating  
Land Acquisition  
Professorships  
Program Development  
Publication  
Research

Staff Development  
Student Aid  
Technical Assistance

## *Beneficiaries*

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**What is the total number of people who will benefit from this project?\***

Please type response in numeric format only (no dashes, commas, or other punctuation)

*Character Limit: 20*

**What area will be most affected by this funding request?\***

### **Choices**

Beal City  
Clare  
Mt. Pleasant  
Rosebush  
Shepherd  
Isabella County  
State of Michigan  
United States  
International

**What age group will benefit from this project?\***

### **Choices**

0-4  
0-18  
5-12  
13-18  
19-21  
22-64  
65+  
All

**What gender will benefit from this project?\***

### **Choices**

Female  
Male  
Other  
All

**What economic group will benefit from this project?\***

### **Choices**

Below Federal Poverty Guidelines  
Low Income  
Middle Income

High Income  
All

## Project Budget

We encourage you to download and utilize our [budget template](#) to submit with your online grant application. The first tab allows you to enter your information. The second tab shows a budget sample. Once you have updated the first tab, save the Excel file onto your computer. Then save that file as a PDF. **This budget is specific to your project, NOT your organization's full operating budget.** Please note: Total Income should equal Total Expenses for a balanced budget.

### Project Budget\*

Please upload the completed budget. (PDF format only)

*File Size Limit: 2 MB*

### Describe specifically how MPACF grant income will be used:\*

*Character Limit: 1000*

**Describe what documented effort(s) you have made in seeking and/or securing other funding for this proposed project. What funding from other sources 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:\***

*Character Limit: 1000*

**Please explain the consequences of not receiving funding from a source that is currently pending. Will you be able to carry out the project?: \***

*Character Limit: 750*

**Should the Mt. Pleasant Area Community Foundation not have the resources to support your full grant request, indicate which project expenses are highest priority: \***

*Character Limit: 750*

**A minimum of two bids is required for the purchase of materials, equipment, or services. Do you have bids to submit with this grant request?\***

### Choices

Yes  
No

### Bid Submission #1

PDF format only

*File Size Limit: 2 MB*

## Bid Submission #2

PDF format only

*File Size Limit: 2 MB*

## Support

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**Are there other organizations with which you will work on this project with?\***

### Choices

Yes

No

**If so, please indicate which organization(s) and describe the collaborative efforts:**

*Character Limit: 1000*

**Are there other organizations in the community addressing similar need(s)?\***

### Choices

Yes

No

**If so, please indicate which organization(s) and describe how your efforts differ:**

*Character Limit: 1000*

### Letters of Support:

If applicable, please upload letters of support from collaborative partners. (Uploads must be PDF format)

### Letter of Support #1

*File Size Limit: 1 MB*

### Letter of Support #2

*File Size Limit: 1 MB*

**Is this, or will this become, an ongoing project?\***

### Choices

Yes

No

**If so, describe how the organization will support it in the future.**

*Character Limit: 1000*

## *Declaration and Compliance*

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**I have read and understand the Mt. Pleasant Area Community Foundation's Grant Guidelines and agree to comply with the provisions and requirements therein if a grant is awarded.\***

### **Choices**

I have read and agree

**The information in this application is true and correct. I have been authorized to submit this information on behalf of the applicant organization.\***

### **Choices**

Yes