



Pre-Application Questionnaire

This pre-application questionnaire is **for your use** to determine if you are eligible to apply for a Community Foundation grant. The purpose of this questionnaire is to save your organization time and effort if there are obvious reasons for which your proposal cannot be accepted.

Questions	Yes	No
1. Is your organization one of the following: a federal 501(c)(3) tax-exempt organization, a government entity, school district, college or university, or a church?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have all final reports due to the Foundation on previous completed, paid grants been submitted? (If you are unsure, feel free to contact the Foundation at (989) 354-6881 or toll-free at (877) 354-6881 to verify.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Will your project directly benefit residents of one of these counties? OR if you are a national organization, is there a local partner organization involved with your project? <ul style="list-style-type: none"> • Community Foundation for Northeast Michigan (Alpena, Alcona, Montmorency and Presque Isle Counties) • Iosco County Community Foundation (Iosco County) • North Central Michigan Community Foundation (Crawford, Ogemaw and Oscoda Counties) • Straits Area Community Foundation (Cheboygan County and Mackinaw City) 	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the Board and/or the CEO of your organization approved the submission of this request? (For schools, this is the principal or superintendent. For government entities, this is the person responsible for the entire governmental unit: i.e., city clerk for cities, board of commissioners chairman for a county; township clerk for townships) Their signature must be on the application.	<input type="checkbox"/>	<input type="checkbox"/>
Can you verify that:		
5. This project is <u>not</u> for religious programs or projects that promote a particular faith?	<input type="checkbox"/>	<input type="checkbox"/>
6. This project is meant to support an organization, and not a particular individual?	<input type="checkbox"/>	<input type="checkbox"/>
7. This project is for expenses incurred <u>after</u> final approval of our Board of Trustees? (generally 1 ½ months following the grant deadline) AND that this grant would not be used to cover deficits or previously incurred expenses?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to all of these questions, you are eligible for consideration for a grant from the Community Foundation. The next steps are to:

- Read the Foundation's grantmaking guidelines
- Complete and submit your grant application

If you have any questions, feel free to call and speak with our program staff at (989) 354-6881.



Iosco County Community Foundation Common Grant Application Cover Sheet

Date of application: (Deadline – May 1) _____

Legal name of organization applying: _____
(Name as it appears on 501(c)(3) determination letter or full name of Church, Government Agency or School System)

EIN/Federal ID Number: _____

Executive Director/CEO/Superintendent: _____

Phone: _____

Grant Contact Person/Title: _____

Street Address: _____

City/State/Zip: _____

Email Address: _____

Daytime Phone: _____

Project Title: _____

Purpose of Grant: *(no more than two sentences)*

Project Timeline: _____ Amount requested: _____
(Max amount: \$3,000)

Total Cost of Project: _____

Signature, Project Contact Person

Printed Name and Title

Date

Signature, Executive Director (person responsible for organization)
(Superintendent or Principal if for a school)

Printed Name and Title

Date

FOR OFFICE USE ONLY	
<input type="checkbox"/>	Economic Initiative
<input type="checkbox"/>	Healthy youth
<input type="checkbox"/>	Healthy seniors
<input type="checkbox"/>	Health care
<input type="checkbox"/>	Arts and humanities
<input type="checkbox"/>	Environment (lakes and rivers)

ICCF Common Grant Application – Project Overview

Briefly respond to the following items in the order given. If you reproduce this on your computer, limit the overview to four (4) numbered pages. The more concise and detailed information you can give on your project, the better the grant screening committee will be able to fully review the project for grant funding.

1. Provide a brief description of your organization (i.e., years of operation, services provided, etc.)

2. *This is a 4-part question:*

2a) Summarize your program or project. Indicate whether this is a new or ongoing initiative for your organization.

2b): What is the target population of this project (i.e. senior citizens, youth, low-income, etc.), and how many people will benefit?

2c) This project will be ___ ongoing OR ___ a one-time event?

2d) If this project is **ongoing**, what is your plan for long-term funding?

8. Describe your evaluation plan, including how you will define your project/program's success.

9. Please tell us how the Iosco County Community Foundation will be recognized or acknowledged as a funder of your program if your application is chosen to receive funding.

GRANT BUDGET

Time period of this budget – From: _____ To: _____

Indicate only the EXPENSES that apply to your project.

Project Expenses	Total Requested from ICCF in this Application (\$3,000 Maximum)	Total Expenses for this Project	
Salaries			
Payroll Taxes			
Fringe benefits			
Consultant & Prof. Fees			
Insurance			
Travel			
Equipment			
Supplies			
Printing & Copying			
Telephone & Fax			
Postage & Delivery			
Rent			
Utilities			
Maintenance			
Evaluation			
Marketing			
Other (specify)			
Totals	\$	\$	Total Expenses \$

Indicate the REVENUES that apply to your project.

Revenue	Committed (Project revenue that has been promised)	Pending (Project revenue that has not been confirmed.)	
Grants/Contracts/Contributions			
Local Government			
State Government			
Federal Government			
Foundations			
Corporations			
Individuals			
Other (specify)			
Earned Income			
Events/Publications & Products			
Membership Income			
In-kind Support			
Other (specify)			
Totals	\$	\$	Total Revenue Committed + Pending \$

The TOTAL PROJECT EXPENSES should EQUAL the TOTAL REVENUE.

Grant Application Submission Checklist:

Be sure to include all of the following in your completed grant application packet:

- Completed Grant Application with appropriate signatures**
(If submitting online, please print and mail the Cover Sheet (signature page) of application.)
- Budget**
- Do not include additional materials unless specifically requested from Community Foundation staff. Report covers, folders, binders, and excess information are unnecessary and are removed before applications are sent to the Screening Committee.

If necessary, additional documentation may be requested.

***Note:** If submitting online, you will need to have both the Executive Director and the Project Coordinator sign the first page of this application. Please print it, have it signed, and mail to: ICCF, P.O. Box 495, Alpena, MI 49707.

Online Submission Tip:

It is recommended that you save the Grant Application Form on your computer so you can “save” your document as you work on your application.

If you do not have Microsoft Outlook for your regular email address, you may submit your application by emailing your saved file as an attachment to chitch@cfnem.org.

*If submitting online, you will receive an email notification that we have received your application.