



## COMMUNITY IMPACT GRANT APPLICATION COVER SHEET

**Date of Application:** \_\_\_\_\_  
(Deadlines: January 15 or July 15 or first business day following the deadline.)

**Legal name of organization applying:** \_\_\_\_\_  
(Name on IRS non-profit determination letter and as supplied on IRS Form 990.)

**EIN/Federal ID Number:** \_\_\_\_\_ **Current Operating Budget:** \$ \_\_\_\_\_

**Executive Director:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Project contact person and title:** \_\_\_\_\_

**Address for primary correspondence:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_

**PURPOSE OF GRANT: (one sentence)**

**PROJECT DATE:** \_\_\_\_\_ **AMOUNT REQUESTED (\$5,000 maximum):** \_\_\_\_\_

**(For office use: Awards are only for expenses incurred after board approval on: \_\_\_\_\_)**

**TOTAL PROJECT COST:** \_\_\_\_\_

**COUNTY/GEOGRAPHIC AREA SERVED:** \_\_\_\_\_

\_\_\_\_\_  
Signature, Project Contact Person

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Executive Director (person responsible for organization)

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

**Community Foundation for Northeast Michigan (CFNEM)**  
**PROJECT OVERVIEW**

Briefly respond to the following questions in the order given. If you reproduce this on your computer, limit the overview to 3 (three) numbered pages.

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

**2. Provide a brief project overview. (Name, goals, and project timeframe.)**

**3A. Specifically, what items or services will be purchased with the grant?**

**3B. If your project can only be awarded partial funding, will your project still move forward?**

**4. If applicable, explain how your project involves volunteers.**

**5. Will the grant act as “seed money”? What is your plan for permanent funding after the grant is used?**

**6. How will your project be funded? List other sources of funds and specify any other organizations working with you on this project.**

**7. How will you evaluate the success of your project?**

# COMMUNITY FOUNDATION FOR NORTHEAST MICHIGAN (CFNEM)

## GRANT BUDGET FORMAT

Time period of this budget. From: \_\_\_\_\_ To: \_\_\_\_\_

Indicate only the **EXPENSES** that apply to your project.

PROJECT EXPENSES	TOTAL REQUESTED FROM CFNEM IN THIS APPLICATION (\$5,000 maximum)	TOTAL EXPENSES FOR THIS PROJECT	
Salaries			
Payroll Taxes			
Fringe Benefits			
Consultants and Professional Fees			
Insurance			
Travel			
Equipment			
Supplies			
Printing and Copying			
Telephone and Fax			
Postage and Delivery			
Rent			
Utilities			
Maintenance			
Evaluation			
Marketing			
Other (specify)			
<b>TOTALS</b>	\$	\$	TOTAL EXPENSES \$

Indicate the **REVENUE** that applies to your project.

REVENUE	Committed (Project revenue that has been promised.)	Pending (Project revenue that has not been confirmed.)	
<b>Grants/Contracts/Contributions</b>			
Local Government			
State Government			
Federal Government			
Foundations			
Corporations			
Individuals			
Other (specify)			
<b>Earned Income</b>			
Events/Publications and Products			
<b>Membership Income</b>			
<b>In-Kind Support</b>			
<b>Other (specify)</b>			
<b>TOTALS</b>			TOTAL REVENUE Committed + Pending \$

The **TOTAL PROJECT EXPENSES** should **EQUAL** the **TOTAL COMBINED REVENUE**.

## **BUDGET NARRATIVE**

*Please include any additional information regarding your budget and expenses you feel may need further explanation, or will help the Grant Screening Committee in determining grant awards.*

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

- ☐ **Grant application with appropriate signatures**
- ☐ **Budget**
- ☐ **Budget Narrative**
- ☐ **If necessary, additional documentation may be requested.**

**\*Note:** 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 it to: CFNEM, P.O. Box 495, 100 N. Ripley, Suite F, Alpena, MI 49707 or scan and email your application to [kbauerlemonds@cfnem.org](mailto:kbauerlemonds@cfnem.org). Your application must be postmarked or received via email no later than the grant deadline date.

### Online Submission Tips:

- *It is recommended that you save this application to your computer and complete your application offline. You may save your completed form on your computer as well. If you choose to fill the application out online, do not hit the "back" button or you will lose the information you enter.*
- *If you do not have Microsoft Outlook, you may submit your application by emailing your saved file as an attachment to [kbauerlemonds@cfnem.org](mailto:kbauerlemonds@cfnem.org).*

\*If submitting online, you will receive an email notification that your application has been received.