Community Impact Grant Application

Date of Application: (Deadline – December 15) _____

Legal name of organization applying: _____
(Name as it appears on 501(c)(3) determination letter)

EIN/Federal ID Number: _____
(required)

Current operating budget: _____

Executive Director: _____ Phone: _____
(superintendent or principal if for a school)

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: _____
$1,000 maximum

TOTAL PROJECT COST: _____

_____
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

- ☐ Healthy youth
- ☐ Healthy seniors
- ☐ Healthcare
- ☐ Arts and humanities
- ☐ Environment (lakes and rivers)
- ☐ Recreation

PROJECT OVERVIEW

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

3. Specifically, for what purpose will the grant dollars be used? How critical is a grant to the success of your project?

4. What is the target population for this project and how many people will benefit?

5. If applicable, explain how your project involves volunteers.

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

7. How does the project help a segment of the citizenry who are not now being served adequately?

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

9. How will you evaluate the success of your project?

GRANT BUDGET

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

Indicate only the EXPENSES that apply to your project.

Project Expenses	**Total Requested from SACF in this Application ($1,000 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)			**Total Expenses**
Totals	$	$	$

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			**Total Revenue** Committed + Pending
Other (specify)			
Totals	$	$	$

The TOTAL PROJECT EXPENSES should EQUAL the TOTAL 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.

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

- ❑ **Grant application with appropriate signatures**
  (If submitting online, please print and mail first page of application.)
- ❑ **Budget**
- ❑ **Budget Narrative**

Application Submission OPTIONS:

- **Fill out application online, print it, and mail it to the Community Foundation office**
- **Print the application form, either type or handwrite the information, and mail it to the Community Foundation office**
- **Save the form to your computer to fill out at a later time when you can either print and mail it, or email it as an attachment to kbauerlemonds@cfnem.org**

***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 it to: SACF, P.O. Box 495, Alpena, MI 49707 or e-mail a scanned version, complete with signatures to kbauerlemonds@cfnem.org.**

Print

E-mail Application

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