

Northeast Michigan Youth Advisory Council (NEMYAC) Grant Application

This project is for:	Alcona County	Alpena County	Presque Isle County	Montmorency County		
Date of Application (dead	dlines: January 15	5 or October 15):				
Legal name of organization	gal name of organization applying:					
EIN/Federal ID Number:						
Current operating budget	::	Y	ear founded:			
Executive Director: Phone: Phone:						
Project contact person ar	nd title:					
Address for primary corre	espondence:					
City/State/Zip:	ty/State/Zip: Phone:					
E-mail: Fax:						
PROJECT NAME:						
PURPOSE OF GRANT (one sentence):					
PROJECT DATE:		AM	OUNT REQUESTED	:		
TOTAL PROJECT COST	-:			(\$2,500 maximum)		
				applicable, list any specific needs from the Needs		
Signature, Project Contac	ct Person		у	Assessment Survey which our project addresses (see bout Allocation Decisions).		
Printed Name and Title		Γ	Date 1.			
Signature, Executive Dire	ector (person resp	oonsible for organi	zation) 2.			
Printed Name and Title			Date			

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. Describe the purpose of the program, the way in which it will be carried out, how often it will be provided, how many people will be affected, etc.

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

4. If applicable, how does the project involve volunteers? List the number of personnel and volunteers involved in planning and carrying out the program. List the number of paid staff and their responsibilities for the program. List any other organizations that will assist in the project.

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

6. 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 NEMYAC in this Application (\$2,500 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
Other (specify)			Committed + Pending
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.)
- □ **Project Overview**
- □ Project Ov
- □ 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.

*<u>Note</u>: You will need to have <u>both</u> 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, Alpena, MI 49707. (Our office is located at 100 N. Ripley, Suite F, Alpena, MI 49707.)

Online Submission Tip:

You may save your completed form on your computer.

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

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