

GRANT APPLICATION

COVER SHEET

1. Date of Application: _____

2. Legal name of organization applying _____
(Should be same as on IRS determination letter & Form 990)

Year Founded: _____ Current Annual Operating Budget: \$ _____

3. Executive Director/President: _____ Phone: _____

Contact person/title/phone number
(if different from exec. director/president): _____

Address (principal/administrative office): _____

City/State/Zip: _____

FAX Number: _____ *E-Mail Address: _____

4. **Project Name:** _____

Project Timeline: _____

Purpose of Grant (one sentence): _____

Amount Requested: \$ _____ Total Project Cost: \$ _____

Geographic Area Served: _____

5. _____

Signature, Project Coordinator _____ *Date* _____

Typed Name and Title: _____

Signature, Executive Director or Chairperson _____ *Date* _____

Typed Name and Title: _____

6. Did this organization receive a grant from DACF or its affiliates during the 2021 grant cycle?
(do not include DACF Mini-grants) Yes No

If yes, the previous year's project evaluation/final grant report documentation must be submitted to DACF in order to be considered for the current grant cycle.

For Office Use Only: Prior year final report submitted: Yes No n/a

DACF support acknowledged in media communications and printed materials: Yes No n/a

Final report includes complete record of expenditure of the granted funds: Yes No n/a

GRANT BUDGET FORM

Below is a listing of standard budget items. Please provide the project budget in this format and in this order.

A. **Organizational fiscal year:** _____

B. **Time period covered by the budget below:** _____

C. **Expenses:** Include a *description and the total amount* for each of the following budget categories. **Grant funds cannot be used to cover travel expenses, salaries, deficits in operating budgets, or capital expenditures such as construction of buildings or maintenance.**

	Amount Requested From Dickinson County Area Community Foundation	Total Project Expenses
Salaries	n/a	\$
Consultants and Professional Fees	\$	\$
Insurance	\$	\$
Travel	n/a	\$
Equipment	\$	\$
Supplies	\$	\$
Printing and Copying	\$	\$
Postage and Delivery	\$	\$
Rent	\$	\$
Utilities	\$	\$
Maintenance	n/a	\$
Marketing	\$	\$
Other (specify) _____	\$	\$
_____	\$	\$
_____	\$	\$
Total Amount Requested	\$	Total Project Expenses \$

D. **Revenue:** Include a *description and the total amount* for each of the following budget categories, **in this order; please indicate which sources of revenue are committed and which are pending.**

	<i>Committed</i>	<i>Pending</i>
1. Grants/Contracts/Contributions	\$	\$
Local Government	\$	\$
State Government	\$	\$
Federal Government	\$	\$
Foundations (itemize)	\$	\$
Corporations (itemize)	\$	\$
Individuals	\$	\$
Other (specify)	\$	\$
2. Earned Income	\$	\$
Events	\$	\$
Publications and Products	\$	\$
3. Membership Income	\$	\$
4. In-Kind Support	\$	\$
5. Other (specify)	\$	\$
6. Total Revenue	\$	\$

GRANT APPLICATION FORMAT

A. Narrative: (*This must accompany the Cover Sheet*)

1. Executive Summary
 - Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if the grant is made (1-2 paragraphs).
2. Purpose of Grant
 - Describe how this project will enhance the community.
 - Description of project measurable goals and objectives.
 - Timetable for implementation.
 - Who are the other partners in the project and what are their roles?
 - Describe the qualifications of key staff and volunteers that will ensure the success of the program. Are there specific training needs for this project?
 - Long-term strategies for funding this project at end of grant period.
3. Evaluation
 - Plans for evaluation, including how success will be defined and measured.
 - How evaluation results will be used and/or disseminated and, if appropriate, how the project will be replicated.
4. Budget Narrative/Justification
 - Grant budget: use the provided **Grant Budget Form**.
 - Grant Narrative/Justification: on a separate sheet, show how each budget item relates to the project and how the budgeted amount was calculated.
 - List amounts requested of other foundations, corporations and other funding sources to which this proposal has been submitted.
5. Organization Information
 - Brief summary of organization's history (no longer than one page).
 - Brief statement of organization's mission and goals.
 - Synopsis of current programs, activities and accomplishments.
 - Organizational chart, including board, staff and volunteer involvement.

B. Mandatory Attachments

1. A copy of the current IRS determination letter indicating 501(c)(3) tax-exempt status.
2. List of Board of Directors with affiliations.
3. List of names and qualifications of people responsible for this project.
4. Finances:
 - Organization's current annual operating budget, including expenses and revenue.
 - Most recent annual financial statement (independently audited, if available; if not available, attach Form 990)

Mail to: Dickinson County Area Community Foundation
220A E Hughitt Street
Iron Mountain, MI 49801
(906) 774-3131

Or Email To: info@dickinsonareacf.org **Deadline: October 29, 2021**