



Marquette County
community foundation

Submit Electronically to: caroletouchinski@charterinternet.com

Selection Criteria - The following selection criteria will be used to evaluate applications. Applicants are advised to develop their narrative descriptions in accordance with these criteria and sub criteria and use nothing smaller than a 12 point font. If the proposal does not meet these formatting requirements or is not on time it will not be reviewed. The narrative section of the proposal is limited to three pages; the budget and budget narrative may be an additional page with a total maximum *of four pages*; not including the appendices.

NARRATIVE

(1) Need for the Project

- (a) Provide your organizations Mission statement.
- (b) Describe the need for the project.
- (c) Describe the specific target population/ demographics.

(2) Quality of Project Design

- (a) Describe the project
- (b) Please fill out the following chart:

Project Goal <i>(The ultimate outcome of what the program is designed to accomplish)</i>
Objectives <i>(Attainable and measurable statement of the intended effects of the program)</i>
Activities <i>(Specific activities the program will enact to meet the objective; what will the staff and participants do)</i>
Outcomes <i>(Specific information that will reveal the programs level of achievement of objectives)</i>
Measurement <i>(Method for collecting information which will determine if the program outcome objectives are accomplished. i.e. survey, tests, intake/exit forms, observation attendance)</i>
Timeline <i>(identify when the project will start and end.)</i>

- (c) Describe how the proposed project may link with other appropriate agencies or organizations.
- (d) Describe how will volunteers be involved in the planning and/or implementation?
- (e) Describe how you propose to acknowledge the Marquette County Community Foundation as a funding partner?
- (f) Describe the qualifications of key project personnel.

(4) Quality of the Project Evaluation

- (a) Identify who will be responsible for completing the evaluation.
- (b) Describe how the evaluation will be monitored and results documented.

BUDGET FORMAT

Please provide the project budget. The proposed project will be implemented from _____ to _____

Expenses	Amount Requested from the MCCF	Total Projected Expenses
Salaries		
Benefits		
Consultants/Professional Fees		
Insurance		
Travel		
Equipment		
Supplies		
Printing and copying		
Telephone		
Postage		
Rent		
Utilities		
Maintenance		
Evaluation		
Marketing		
Other (<i>specify</i>)		
Other (<i>specify</i>)		
Other (<i>specify</i>)		
Other (<i>specify</i>)		

Budget Narrative

Per budget line item please provide a brief description of each expense. Please list and describe other sources of funding, if any, that will be used to support this project.

Appendix

The following is a list of required items for the appendix. If the applicant organization would like to submit additional materials please list these materials as well. Please note that the Marquette County Community Foundation may contact your organization to request additional information.

Required

1. 501 (c) 3 Letter of Incorporation/or that of Sponsoring Organization
2. Listing of the Board of Directors and their Affiliations
3. Document any Known Conflict of Interest

Additional Materials

(Please List)