

# Negaunee Area Community Fund Grant Application

## Cover Sheet

Date of Application: \_\_\_\_\_

Legal name of organization applying: \_\_\_\_\_  
*(Should be same as on IRS determination letter and as supplied on IRS Form 990.)*

Year Founded: \_\_\_\_\_ Current Operating Budget: \_\_\_\_\_

Executive Director or sponsor: \_\_\_\_\_ Phone number \_\_\_\_\_

Contact person/title/phone number *(if different from executive director)*: \_\_\_\_\_

Address *(principal/administrative office)*: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

List any previous support from the Negaunee Area Community Fund, the Greater Ishpeming Area Community Fund or the Marquette Community Foundation in the last five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Name: \_\_\_\_\_

Purpose of Grant *(one sentence)*: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of the Project: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Source of other project costs and amount: \$ \_\_\_\_\_ from \_\_\_\_\_

\$ \_\_\_\_\_ from \_\_\_\_\_

\$ \_\_\_\_\_ from \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_ Target population to be served: \_\_\_\_\_

\_\_\_\_\_  
*Signature, Chairperson, Board of Directors*

\_\_\_\_\_  
*Typed or Printed Name and Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature, Executive Director or Project Director*

\_\_\_\_\_  
*Typed or Printed Name and Title Date*

# Application Format

*Please provide (attach) the following information in this order*

## **1. Executive Summary**

- Begin with a half-page 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.

## **2. Purpose of Grant**

- Statement of needs/problems to be addressed; description of target population and how they will benefit.
- Description of project goals, measurable objectives, action plans, and statements as to whether this is a new or ongoing part of the sponsoring organization.
- Timetable for implementation.
- Description of the active involvement of the targeted group in defining problems to be addressed, making policy, and planning the program.
- Description of the qualifications of key staff and volunteers that will ensure the success of the program.
- 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.

**Attachments: Letters of support** (should verify project need and collaboration with other organizations)—*Optional*  
**Annual report** (if available)

**MAIL your Grant Application to:** Marquette County Community Foundation PO Box 37 Marquette Michigan 49855 or email to [caroletouchinski@charterinternet.com](mailto:caroletouchinski@charterinternet.com)

# Negaunee Area Community Fund Grant Budget Format

Listed below are standard budget items. Please provide the project budget in this format and in this order.

A. Organizational fiscal year: \_\_\_\_\_

B. Time period this budget covers: \_\_\_\_\_ to \_\_\_\_\_

C. For a CAPITAL (building) request, substitute your format by listing expenses. These will likely include: architectural fees, land/building purchase, construction costs, and campaign expenses.

D. **Expenses:** include a *description and the total amount* for each of the following budget categories, in this order:

	<u>Amount Requested in Grant</u>	<u>Total Project Costs</u>
1. Salaries	\$ _____	\$ _____
2. Payroll Taxes	\$ _____	\$ _____
3. Fringe Benefits	\$ _____	\$ _____
4. Consultants and Professional Fees	\$ _____	\$ _____
5. Insurance	\$ _____	\$ _____
6. Travel	\$ _____	\$ _____
7. Equipment	\$ _____	\$ _____
8. Supplies	\$ _____	\$ _____
9. Printing and Copying	\$ _____	\$ _____
10. Telephone and Fax	\$ _____	\$ _____
11. Postage and Delivery	\$ _____	\$ _____
12. Rent	\$ _____	\$ _____
13. Utilities	\$ _____	\$ _____
14. Maintenance	\$ _____	\$ _____
15. Evaluation	\$ _____	\$ _____
16. Marketing	\$ _____	\$ _____
17. Other ( <i>specify</i> )	\$ _____	\$ _____

*Total amount requested*      \$  *Total project expenses* \$ \_\_\_\_\_

List or star \* the priority items in the proposed grant budget, in the event that we are unable to meet your full request

E. **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 for this project.

***Committed Pending***

1. Grants/Contracts/Contributions

Amount of request from Negaunee Area Community Foundation \$

Local Government \_\_\_\_\_ \$ \_\_\_\_\_

State Government \_\_\_\_\_ \$ \_\_\_\_\_

Federal Government \_\_\_\_\_ \$ \_\_\_\_\_

Other Foundations (*itemize*) \_\_\_\_\_ \$ \_\_\_\_\_

Corporations (*itemize*) \_\_\_\_\_ \$ \_\_\_\_\_

Individuals \_\_\_\_\_ \$ \_\_\_\_\_

Other (*specify*) \_\_\_\_\_ \$ \_\_\_\_\_

2. Earned Income

Events \_\_\_\_\_ \$ \_\_\_\_\_

Publications and Products \_\_\_\_\_ \$ \_\_\_\_\_

3. Membership Income \_\_\_\_\_ \$ \_\_\_\_\_

4. In-kind Support \_\_\_\_\_ \$ \_\_\_\_\_

5. Other (*specify*) \_\_\_\_\_ \$ \_\_\_\_\_

***Total revenue available to this project (including NACF grant \$)*** \$