



**GRANT APPLICATION**

**Legal Agency Name:** \_\_\_\_\_

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

**Requesting funds for:** \_\_\_\_\_ **Foundation applying to:** \_\_\_\_\_

**Does it help meet a required match?** \_\_\_\_\_

**If yes, describe the match opportunity:** \_\_\_\_\_

**Purpose of Grant:** \_\_\_\_\_

**Area:** \_\_\_\_\_ **Priority/Strategy:** \_\_\_\_\_

**Request Type:** \_\_\_\_\_

**Age Code:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Ethnic Code:** \_\_\_\_\_ **Economic Group:** \_\_\_\_\_

**Disability:** \_\_\_\_\_ **Population:** \_\_\_\_\_

**Impact Areas:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_ **Total Project Cost:** \_\_\_\_\_

**Proposed Start Date:** \_\_\_\_\_ **Proposed End Date:** \_\_\_\_\_

**Grant Contact Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Applicant:**

**Project Description:** *Enter a general description of your project or program. Include a description of your target audience and a statement describing the end result you are working toward.*

**Project Goals & Objectives:** *List the goal(s) of your project, as well as up to three objectives.*

**Applicant:**

**Need:** *What need will your project address and how was that need determined?*

**Program Components and Activities:** *Describe the services you will provide, how often you will provide them, and where you will provide these services.*

**Achieving your Goal:** *Why do you think these activities will result in achieving your stated goal?*

**Program Timeline:** *Please provide a detailed timeline for your project.*

**Applicant:**

**For Muskegon Applicants:** *How does your program/project align with current community initiatives, such as Thrive, Read Early. Read Often., 1 in 21, or the Muskegon Area Plan?*

**For Muskegon Applicants:** *The Community Foundation for Muskegon County has adopted three leadership goals: building an inclusive community, providing hope and opportunity for our children, and supporting more collaborative community goals and decision-making. Tell us how your program or project contributes positively to any/all of these goals.*

**Collaboration:** *Describe how you are collaborating with other organizations and what role they play in the proposed project.*

**Community Impact:** *Please share the measurable outputs and outcomes of your project. You will be asked to describe the actual impact when reporting on your grant.*

**Evaluation:** *1) How will you measure the impact of your project as described above? 2) How will evaluation results be used by your organization?*

**Applicant:**

## **Sustainability**

How will your organization sustain this project? Assign a percentage to each of the items below. **The total should equal 100%.**

- \_\_\_\_\_ % **No Sustainability:** This is a program intended for a short life span. If successful there will be no long-term need for support.
- \_\_\_\_\_ % **Endowment:** Immediately or over time, build an endowment that will generate ongoing operating funds.
- \_\_\_\_\_ % **Fees for Services:** Revenue that the program can generate, such as client fees, training to others or t-shirt sales.
- \_\_\_\_\_ % **Individual donors:** Gifts and contributions from a variety of community supporters.
- \_\_\_\_\_ % **Ongoing Grants:** Small to modest grants from a variety of foundations and corporate giving programs, with a rotation plan so that funders are not providing annual support, but may provide grants every 3-5 years.
- \_\_\_\_\_ % **Events:** Hosted events and activities such as dinners and walk-a-thons.
- \_\_\_\_\_ % **Other (please specify):**
- \_\_\_\_\_ % **Total**

**Please describe any items listed above that need further clarification.**

**Will the project be funded in subsequent years? If so, how?**

**List of staff required for project:**

**Budget Narrative** - please provide supplemental explanations

**Applicant:**

**Budget**

<b>Project Expenses</b>	<b>Total Project Expenses</b>	<b>Requested from Foundation</b>	<b>Explanation (required)</b>
Salaries			
Payroll taxes/benefits			
Consultants			
Equipment			
Supplies and Materials			
Printing and Copying			
Telephone/Internet			
Postage			
Rent and Occupancy			
Utilities			
Maintenance			
Insurance			
Travel			
Training/Professional Development			
Evaluation			
Marketing			
Other Expense (specify)			
Other Expense (specify)			
Other Expense (specify)			
<b>Total Expenses *</b>			
*Total Expenses and Total Revenue amounts must be equal			

<b>Revenue Sources (please list all, include in-kind)</b>	<b>Amount</b>	<b>Date</b>	<b>Requested or Committed?</b>
Community Foundation			Requested
<b>Total Revenue*</b>			
*Total Expenses and Total Revenue amounts must be equal			