



GRANT APPLICATION FORM

INSTRUCTIONS

1. A cover letter should include an introduction to your organization and a strategic link between the proposal and the potential funder's mission and grant making interests.
2. Please type and double-space all proposals.
3. Please answer all the questions in the order listed.
4. Please use the headings, subheadings and numbers provided.
5. ***Applications are to be submitted electronically WITHOUT attachments to amy@barrycf.org. Please deliver or mail (1) original WITH attachments to the Barry Community Foundation no later than the stated deadline.***
6. Please do not include any materials other than those specifically requested at this time.
7. Please do not send videotapes.
8. Grant Applications for all funds are due to the Barry Community Foundation by 5:00 p.m. on October 15. All Applications will meet a healthy community element.

The Council of Michigan Foundations Does Not Make Grants.

Barry Community Foundation
231 S. Broadway, Hastings MI. 49058
Phone: 269-945-0526
Fax: 269-945-0826
Email: amy@barrycf.org

Our Mission:

The Barry Community Foundation is *Improving Lives by Bridging Resources.*

Our Vision is to be a trusted resource for positive change.



Healthy Communities Grantmaking Program

Our Core Values are:

- *The Barry Community Foundation values honesty, integrity, transparency, confidentiality, competency & accountability.*
- *We will be inclusive of all segments of the Barry County Community.*
- *We will encourage community participation, partnerships, and collaboration that result in successful responses to community challenges and opportunities.*
- *We will strengthen community-based organizations that effectively address community needs, promote volunteerism, and provide community leadership.*
- *We will promote community-building programs and events that inspire community pride and unity.*
- *We will provide individuals and businesses opportunities to make charitable investments through permanent endowments that directly benefit the Barry County community.*

GRANT MAKING GUIDELINES

1. In general, all grants will be for items/services that provide a direct benefit to the people of Barry County.
2. Grants are not made to benefit any particular private organization, including churches.
3. Usually, grants are given on a one-time basis. BCF will NOT make grants for funding normal operating expenses or regularly upgrading equipment.
4. Ideally, the applicant is investing in the project and not expecting the foundation to fund the project in total.
5. The foundation is willing to pool its fund with those of other foundations.
6. The project results must be measurable and measured in a follow up report to the Community Foundation.

GLOSSARY OF TERMS

Outcome: The intended impact or results a program or project is trying to produce.

Project: A planned undertaking or organized set of services designed to achieve specific outcomes that begin and end within the grant period. (Note: A successful project may become an ongoing program of the organization.)

Program: An organized set of services designed to achieve specific outcomes for a specified population that will continue beyond the grant period.

Capital Request: A planned undertaking to purchase, build or renovate a space or building or to acquire equipment.

General Operating Support: Grant funds to support the ongoing services, mission or goals of an organization.



Healthy Communities Grantmaking Program

GRANT APPLICATION

COVER SHEET

Date of Application: _____

Federal E.I.N.# _____

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: _____

Contact Person/title (if different from Executive Director): _____

Address (principal/administrative office): _____

City/State/Zip: _____ E-Mail: _____

Phone Number: _____ Fax Number: _____

List any previous support from this funder in the last five years: _____

Project Name: _____

Purpose of Grant (one sentence): _____

Dates of the Project:

Amount Requested: \$ _____

Total Project Cost: \$ _____

Geographic Area Served: _____



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Signature, Chairperson, Board of Directors

Date

Typed Name and title

Signature, Executive Director

Date

Typed Name and title

GRANT REQUEST

Amount Requested: \$ _____

WHAT WE FUND

Please check the primary element of a healthy community that your organization works to address.

Provides broad access to arts and culture

A healthy community encourages a wide variety of recreational, historical and cultural opportunities.

Meets the basic needs of residents

A healthy community creates a compassionate social, economic, and political environment where people have full opportunities to meet basic needs for themselves and their families, to build assets, and to advance themselves.

Ensures a vibrant and diversified economy

A healthy community fosters an economy that is diverse, vital and innovative, that grows strong businesses and business districts, and creates adequate jobs and income for residents.

Creates quality education and learning opportunities for all ages

A healthy community opens themselves to new ideas and provides high quality education and life-long learning for all members of the community.

Protects and stewards the natural environment

A healthy community helps preserve and sustain the environment.

Promotes health and wellness

A healthy community assures access to high quality health services on a personal, community and systems level and promotes a healthy lifestyle.

Fosters strong and connected neighborhoods and communities

A healthy community assures equal opportunity for all individuals to participate in and influence decisions that affect each of their lives and embraces diversity and promotes a “sense of community.”



In one or two sentences, tell us about your work and how it addresses the healthy community element you selected:

GRANT APPLICATION FORMAT

Please provide the following information in the order specified. Use the headings, subheadings and numbers provided in your own word processing format, for specific itemization of line items when appropriate.

A. NARRATIVE

1. Organization Information

- Brief summary of organization's history.
- Brief statement of organization's mission and goals.
- Description of current programs, activities and accomplishments.
- Organizational chart, including board, staff and volunteer involvement.

2. Purpose of Grant

- In one sentence, why do you need this funding?
- What results do you expect to produce?
- What are the benefits that your program will seek to achieve?
- How will you know when you are successful?
- Give detailed information on how the money requested will be used. This will allow the committee to fund your request to its fullest.
- What are the expenses you expect to encounter? Who are the other funding sources you have identified? If your plan is to run this project long-term, what sustainable funding have you secured or identified?

B. ATTACHMENTS (Mandatory unless otherwise noted)

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. Finances
 - Grant budget; use the Grant Budget Format that follows, if appropriate.
 - 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).
 - List names and amounts requested of other foundations, corporations and other funding sources to which this proposal has been submitted.
4. Letters of support should verify project need and collaboration with other organizations (Optional.)
5. Annual Report, if available.



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GRANT BUDGET FORMAT – *Please be as specific as possible!*

Please provide the following information in the order specified. Use the headings, subheadings and numbers provided in your own word processing format, for specific itemization of line items when appropriate.

A. Organizational Fiscal Year:

B. Time period this budget covers:

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

	Amount requested from this Foundation	Total Project Expenses
Salaries	\$	\$ _____
Payroll Taxes	\$	\$ _____
Fringe Benefits	\$	\$ _____
Consultants and Professional Fees	\$	\$ _____
Insurance	\$	\$ _____
Travel	\$	\$ _____
Equipment	\$	\$ _____
Supplies	\$	\$ _____
Printing and Copying	\$	\$ _____
Telephone & Fax	\$	\$ _____
Postage & Delivery	\$	\$ _____
Rent	\$	\$ _____
Utilities	\$	\$ _____
Maintenance	\$	\$ _____
Evaluation	\$	\$ _____
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 the specified order. Please indicate which sources of revenue are committed and which are pending.

	<u>Committed</u>	<u>Pending</u>
1. Grants/Contracts/Contributions		
Local Government	\$	\$ _____
State Government	\$	\$ _____
Federal Government	\$	\$ _____
Foundations (itemize)	\$	\$ _____
Corporations (itemize)	\$	\$ _____



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Individuals	\$	\$ _____
Other (specify)	\$	\$ _____
2. Earned Income		
Events	\$	\$ _____
Publications	\$	\$ _____
3. Membership Income	\$	\$ _____
4. In-Kind Support	\$	\$ _____
5. Other (Specify)	\$	\$ _____
Total Revenue	\$	\$ _____