



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 to jillian@barrycf.org OR mailed to the attention of Jillian Foster at 231 S Broadway, Hastings, MI 49058***
6. Please do not include any materials other than those specifically requested at this time.
- 7.

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: [jillian @barrycf.org](mailto:jillian@barrycf.org)



Barry Health Access Grantmaking Program

Our Mission:

To improve lives by bridging resources and fostering collaboration.

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

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. Usually, grants are given on a one-time basis. BCF usually does not make grants for funding normal operating expenses or regularly upgrading equipment.
3. Ideally, the applicant is investing in the project and not expecting the foundation to fund the project in total.
4. The foundation is willing to pool its fund with those of other foundations.
5. The project results must be measurable and measured in a follow up report to the Community Foundation.



Barry Heath Access 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: _____

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?
- 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 (Optional)

1. **Letters of support** should verify project need and collaboration with other organizations (Optional.)



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