



**Four County**  
community foundation™

PO Box 539  
231 E. St. Clair  
Almont, MI 48003  
tel: 810.798.0909  
fax: 810.798.0908  
email: info@4ccf.org  
web: www.4ccf.org

## FOUR COUNTY COMMUNITY FOUNDATION LONG FORM GRANT APPLICATION

**Minimum Grant Amount: \$1,000.00**

Grants are reviewed quarterly. Application deadlines are:  
January 1 • April 1 • July 1 • October 1

Fully explain your program and what you want to accomplish for those that may not be familiar with your agency. Be clear and concise.

### I PROGRAM NARRATIVE

- A. Statement of Purpose: What is the purpose of your project and what community issue(s) does it address?
- B. Project Plan: Specify the activities to be undertaken. Provide a timeline for the implementation and the completion date.
- C. Collaboration: Are you collaborating with other agencies on this project? If so, please indicate which one(s) and describe the collaborative efforts.
- D. Future Plans: Is this (or will this become) an ongoing project? If “yes”, please **describe how you will support it in the future**. Do you plan on requesting future funding from FCCF?
- E. Evaluation: Describe how you will assess and measure your project’s success.

### II BACKGROUND OF YOUR ORGANIZATION

- A. Provide your mission statement and the goals of your organization.
- B. Is your organization affiliated with any other organization(s)? If so, which ones?

### III PROJECT BUDGET

- A. Provide a comprehensive project budget.
- B. Detail all your expenses and all of the funding sources you plan to use for this project.
- C. Note: Two bids are required for building and purchasing projects over \$1,000.00. If requesting funds for the higher bid, submit the rationale.

### IV ORGANIZATION’S OPERATING BUDGET

- A. Submit your organization’s annual budget and the most recent financial statement (monthly or quarterly year to date.)

### V REQUIRED DOCUMENTATION

(Note: Public schools & governmental organizations do not need to submit this section.)

1. List of your governing board, with their address
2. 1 copy of the most recent audit or IRS Form 990
3. 1 copy of the IRS Tax Determination Letter (if applicable)
4. Attachments to establish the organization’s credibility or to help clarify your project.
5. Organization’s Plan for self sustainability other than grants and donations.

**SUBMIT 9 APPLICATION SETS** (Please staple; no covers.)

> **Mail an ORIGINAL** application **with** Sections I – V

> **And 8 copies** of your application that includes Sections I – IV. (NO Section V.)

(Section V is valid for a year and subsequent applications. Include when Sec. V was submitted.)



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# LONG FORM GRANT APPLICATION

Minimum Grant Amount \$1,000.00  
 Building Improvements &  
 Large Purchases Require Two Bids

Office Use Only:  
 General  
 HS/HY  
 21st Century

Grants must be received at the Foundation office by:  
 January 1 • April 1 • July 1 • October 1

**Fill in Answers → Print → Sign Original → Make 8  
 copies & Mail all 9 copies to the Foundation.**

**Include in the 9 sets: Application Form, Sections I, II, and III as listed in the instructions. Send one copy of section IV.** (For multiple applications within a calendar year Section IV does not need to be resubmitted.)

Group/Organization Applying:

Address:

Phone ( )

City & State:

Zip:

email:

**Project Title:**

Start-End Date:

**Amount Requested \$ \_\_\_\_\_**

Total Project Cost: \$

> If requesting to use the higher bid, attach your explanation.

Geographic Area Served:

Number Served:

**Contact Person:** \_\_\_\_\_

Title:

Address:

email:

City/State:

Zip:

Phone: ( )

**Government & Non-Profits:** Has your agency received funding from FCCF? Yes  No  (Click on box.)

**Schools:** Have you personally been a contact person for funding from FCCF? Yes  No

If yes, list grants below. If you have received more than two grants, attach your list to this application.

<u>Project Name</u>	<u>Grant Number</u>	<u>Grant Amount</u>
		\$
		\$

## TWO SIGNATURES ARE REQUIRED

Signatures acknowledge that this proposal is in compliance with your organization's policies.

**Your signatures verify that the information submitted is true and accurate.**

**Applicant's Name:**

**Official's Name:**

**Applicant's Title:**

**Official's Title:**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official's Signature

\_\_\_\_\_  
Date