



Four County

[community foundation](http://www.fourcountycommunityfoundation.org)

PO Box 539  
231 E. St. Clair  
Almont, MI 48003  
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# FOUR COUNTY COMMUNITY FOUNDATION LONG FORM GRANT APPLICATION

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

Building Improvements & Large Purchases Require Two Bids

Grants must be received at the Foundation office by:

January 1 • April 1 • July 1 • October 1

In writing your proposal, keep in mind that it will be reviewed by people who may not be familiar with your project or your agency, so make sure the application fully explains your program and what you wish to accomplish. Please be as clear, complete and concise as possible.

## 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, as well as the timeline for the implementation and completion.
- 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. Is future funding likely to be requested from Four County Community Foundation?
- E. Evaluation: Describe how you will assess and measure your project's success?

## II BACKGROUND OF YOUR ORGANIZATION

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

## III PROJECT BUDGET

- A. On a separate sheet entitled "Project Budget", please provide a comprehensive budget for your project, detailing all expenses and listing all sources (requested and confirmed). **Two bids are required for building and purchasing projects.** If requesting funds for the higher bid, give your explanation.
- B. If there are multiple sources of funding, please describe how the Foundation's money will be used.

## IV 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. Current operating budget for your organization
5. Most recent monthly financial statement
6. Attachments to establish the organization's credibility or to help clarify your project.

**MAIL AN ORIGINAL AND 8 ADDITIONAL COPIES OF THE APPLICATION AND SECTIONS I, II, & III AS LISTED ON THIS SHEET. Also submit ONE COPY of Section IV.** For multiple applications within a calendar year Section IV does not need to be resubmitted. (Indicate on file.)

**MAIL TO:** Four County Community Foundation, P.O. Box 539, Almont, MI 48003.



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Office Use:

General \_\_\_\_\_

HS/HY \_\_\_\_\_

21st Century \_\_\_\_\_

\_\_\_\_\_

**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

**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**