

FOUR COUNTY COMMUNITY FOUNDATION LONG-FORM GRANT APPLICATION

Minimum Grant Amount: \$1,000.00

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. Please 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).
- B. If there are multiple sources of funding, please describe how the Foundation's money will be used.

IV REQUIRED DOCUMENTATION

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| * List of your governing board, with their address | * 2 copies of most recent audit or IRS Form 990 |
| * Current operating budget for your organization | |
| * Most recent monthly financial statement | * 2 copies of IRS Tax Determination Letter (if applicable) |
| * Any attachments you feel will help establish organization's credibility or help clarify your project | |

GRANTS MUST BE RECEIVED AT THE FOUNDATION OFFICE BY JANUARY 1, APRIL 1, JULY 1, OR OCTOBER 1. EASE RETURN **AN ORIGINAL AND 8 ADDITIONAL COPIES OF THE FOLLOWING COMPLETED APPLICATION FORM, & SECTIONS I, II, AND III OF THIS SHEET. Also submit ONE COPY of Section IV.** For multiple applications within a calendar year Section IV does not need to be resubmitted.

PLEASE RETURN COMPLETED APPLICATION TO: Four County Community Foundation,
P.O. Box 539, Almont, MI 48003. Telephone 810.798.0909

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LONG-FORM GRANT APPLICATION

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**ADDITIONAL FORMS ARE AVAILABLE
FROM OUR WEBSITE AT www.4ccf.org**

General Fund _____
Healthy Seniors & Healthy Youth Fund _____
Other Fund _____

For office use only

Organization _____

Address _____ Phone _____

City _____ State _____ Zip _____

Project Title _____

Project Start Date _____ Project End Date _____ Number Served _____

Geographic Area Served By Your Project _____

Amount Requested _____ Total Project Cost _____

Contact Person _____ Title _____

Address _____ City/State/Zip _____

Phone _____

Have You Personally Ever Had Funding From FCCF? _____ **If yes, list name of project(s), grant no(s), grant amount and years** _____

PROJECT SUMMARY: PLEASE SUMMARIZE YOUR PROPOSAL IN THE SPACE PROVIDED. Include brief, but specific, information about the who, what, why, when, where, and how of your project.

Signature & Title of Applicant (Required)

Signature and Title of CEO or Authorized Official
(Signature Required Here Also)

Date

Date

TWO SIGNATURES ARE REQUIRED!

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

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