



## Lapeer County Community Foundation

264 Cedar Street Lapeer, MI 48446

810-664-0691

awhite@lapeercountycommunityfoundation.org

### **GRANT APPLICATION**

*For requests over \$1,000*

### **How to apply for a grant:**

Organizations interested in applying are strongly advised to contact the Executive Director prior to submitting an application to determine if the proposal meets the basic eligibility criteria and is consistent with the Foundation's program interests. Application forms are available online or by contacting the Foundation office.

The Grant Review Committee meets regularly to consider applications. Deadlines occur at 5:00 p.m. on the final business day of each month. Specific application deadlines may be announced for particular funds or through Requests for Proposals. Grant applications shall be submitted sufficiently in advance to provide adequate time to review the funding request.

Each application will be reviewed when all application information has been received.

The Foundation reserves the right to request additional information about the organization, the proposal, and added financial details. Members of the Grant Review Committee and/or staff for the Foundation may conduct a site visitation and/or ask to meet with or interview representatives of the applicant organization.

Applicants must submit an original and six copies of the completed proposals.

### **Proposal Checklists:** A complete proposal must include:

- A proposal cover sheet (attached) with information about the organization (see below).
- A concise history and mission of the organization, with an overview of current programs and activities.
- A copy of the Internal Revenue Service letter stating the organization is a tax-exempt public charity or a copy of a letter from a sponsoring organization indicating its eligibility for receiving a grant.
- A copy of your organization's most recent audited financial statement.
- A copy of your organization's current operating budget of the organization or sponsoring organization.
- A copy of the organization's equal employment opportunity policy (if available).
- A statement from the organization's or sponsoring organization's Board authorizing the request and agreeing to implement the project if funded.
- Written status of any other funding requests for the project under consideration.

### **Information about the Program/Project:**

- Description of the program/project
- Description of community assets currently being utilized to address the problem
- Resources/research utilized to develop the approach to the problem
- Population to be served (age, number, geographic area, etc.)
- Detailed description of the program/project including strategies and measurable objectives, and a timetable for all activities
- Names and qualifications of persons responsible for carrying out the program/project
- Detailed program/project budget, including income sources, expenditures, and basis for the projections
- Plan for continuing the program/project once Foundation funding ends
- Plan for evaluating the program/project

# Proposal Cover Sheet

The submission of this cover sheet does not constitute a complete application.

## General Information:

Print or type the information requested below. This application and cover sheet are also available by email request.

Attach the completed form to the proposal and send to:

Lapeer County Community Foundation  
264 Cedar Street  
Lapeer, MI 48446

Organization name: \_\_\_\_\_

Street address: \_\_\_\_\_

City/state/zip code: \_\_\_\_\_

Phone number(s): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_

Contact name: \_\_\_\_\_ Contact title: \_\_\_\_\_

Contact telephone: \_\_\_\_\_

## Program/Project Information:

Amount requested: \_\_\_\_\_

Program/project title: \_\_\_\_\_

Time period of program/project- Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Purpose of program/project (one sentence): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief summary of program/project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Board information:**

Members of the Board of Directors (Indicate any members who are paid staff):

Number of board meetings held in the last fiscal year: \_\_\_\_\_

Average number of board members attending: \_\_\_\_\_

**Financial Information:**

Last fiscal year data: Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Total organization expenditures, last fiscal year: \_\_\_\_\_

Total amount spent for fundraising, last fiscal year: \_\_\_\_\_

Itemized amount of income in the last fiscal year by source:

Corporations: \_\_\_\_\_ Individuals: \_\_\_\_\_ Endowed income: \_\_\_\_\_

Government: \_\_\_\_\_ Fundraising: \_\_\_\_\_ Fees: \_\_\_\_\_

Foundations: \_\_\_\_\_ United Way: \_\_\_\_\_ Other: \_\_\_\_\_

TOTAL: \_\_\_\_\_

**Certification:**

I certify that the above information is true to the best of my knowledge.

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_