

# Community Foundation

of St. Clair County

## GRANT APPLICATION

The Community Foundation holds hundreds of funds and awards millions of dollars in grants each year. These grants are all different sizes and cover a wide variety of focus areas that our friends and donors are passionate about. Whether you're a large organization or a small community club, a veteran grant applicant or it's your very first request...

**If you have a great idea or project that will impact your neighborhood or make our community a better place to live - we want to hear about it!**

Have questions about the application or what we're looking for? Our program team would love to chat with you about how to make the most out of your application. Just call (810)984 4761 or email Audrey at [audrey@stclairfoundation.org](mailto:audrey@stclairfoundation.org)

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director (superintendent): \_\_\_\_\_

Contact Person (if different from Executive Director): \_\_\_\_\_

Tax ID (if applicable): \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Project/Program Name: \_\_\_\_\_

Purpose of Grant (aka what you're asking for in one to three sentences):

Geographic Area served: \_\_\_\_\_ Estimate of individuals impacted # \_\_\_\_\_

Total Project Cost: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

\_\_\_\_\_  
Signature of Chairperson, Board of Directors, Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*If applicant is a school: Include letter of support from superintendent that includes why funds are not included in school budget/ how this request fits into the overall school district plan.

**Section 1: Organization and Program/Project**

**Briefly tell us about your organization's mission/programming specifically as it relates to this request:**

**Tell us more about your request:**

Who will it affect and how? Why are you the best organization to address the need? Be concise- think elevator pitch, not term paper.

*(Though not necessary for funding, if your request addresses one of our Strategic Priority Areas be sure to mention that. You can find our priorities at [www.stclairfoundation.org/about/priority-areas/](http://www.stclairfoundation.org/about/priority-areas/))*

**How will you proceed if you do not receive funding from the Community Foundation?**

You may use your own budget page as long as it shows all revenue and expenses

Section 2: Program/Project Budget

2A Time period this budget covers:

2B \_\_\_\_\_

Total cost of project

2C \_\_\_\_\_

Amount requested from Community Foundation

2D Description of various budget categories (for a large financial request, make up your own more detailed form. (e.g. separate salaries, taxes, fringes or supplies, printing & copying.) In most cases Revenues will equal Expenses, if they are not equal include an explanation below.

Revenues:

Committed

Pending

(in bank, pledges, grant award notifications, etc.)

(anticipated donations, pending grants, etc.)

Grants (specify):	\$ _____	\$ _____
Donations:	\$ _____	\$ _____
Your Organization Contribution:	\$ _____	\$ _____
In-kind Support (specify):	\$ _____	\$ _____
Event Revenue (tickets/ad sales/merchandise)	\$ _____	\$ _____
Other:	\$ _____	\$ _____

This grant request: \$ \_\_\_\_\_

Totals for committed and pending: \$ \_\_\_\_\_

**TOTAL REVENUES (committed + pending = Total Revenue)** \$ \_\_\_\_\_

Expenses:

Salaries, payroll taxes, fringe benefits	\$ _____
Consultants and professional fees	\$ _____
Insurance	\$ _____
Equipment	\$ _____
Supplies (printing, copying, telephone, fax, postage)	\$ _____
Rent, utilities, maintenance	\$ _____
Marketing	\$ _____
Other (specify) _____	\$ _____
Other (specify) _____	\$ _____

**TOTAL EXPENSES** \_\_\_\_\_

*If Revenues do not equal Expenses please provide explanation. What is your plan to make up the difference?*

Completed grant applications can be submitted via email to [audrey@stclairfoundation.org](mailto:audrey@stclairfoundation.org) or can be mailed or dropped off to our offices at 500 Water Street Port Huron, MI 48060

*We accept grant applications year-round, but if you want the application reviewed at the next scheduled meeting it MUST be submitted at least two weeks prior. The grantmaking schedule can be found on our website: [www.stclairfoundation.org/grants/](http://www.stclairfoundation.org/grants/) Grant requests seeking \$50k+ will only be reviewed in the 4th quarter of the calendar year.*

**This section to be completed by new applicants or those  
with changes/updates only**

*Schools and government agencies do not need to fill this out.*

**Section 3: Organization Background**

**3A:** Organization's fiscal year \_\_\_\_\_

**3B:** Attach a copy of:

- 1) current IRS tax exempt status letter
- 2) most recent financial statements (e.g. Statement of Activities and Statement of Financial Position)
- 3) a copy of organization's current Annual Operating Budget (revenues/expenses). If revenues do not equal expenses please provide explanation.

**3C:** Names, affiliations and terms of office for Officers and Directors, organizational chart. *(if available)*

**3D:** Additional information helpful in knowing about your organization.