

**CHEBOYGAN COMMUNITIES FOUNDATION
APPLICATION FOR GRANT**

Applications for funds must relate to our mission which is to support projects which create jobs, improve local educational opportunities, increase tourism visits, expand retail and commercial offerings, and enhance the overall economic health of Cheboygan County". Applications which do not meet these criteria must be denied.

- Organization name, project/activity name, and a one sentence summary of project/activity.

- Summary of need addressed, population served, services provided, timeframe, location, outcomes.

- Amount requested _____ Total cost of project _____

Send:

- two copies of the application
- one listing of the organization’s Board of Directors with their affiliations;
- one financial summary (if any) of the organization’s most recently completed fiscal year, including the original budget and actual revenue and expenses for that year; and
- an Annual Report, if available.

Do not send unrequested attachments such as videos, program booklets, charts, etc.

A. Need and Demand.

Summarize the need for the planned project. Cite any research documenting the need, if available.

B. Outcomes

1. What does the organization expect to achieve through this project?

2. What will the organization measure to know if the outcomes were achieved?

3. When will the organization achieve the outcomes?

C. Resources & Activities

1. Describe what the organization proposes to do, how it will do it, how it will help achieve the outcomes, and the resources that will be accessed or used.

D.Organizational Capacity

1) What is the organization's mission and how does this project relate to it?

2. Summarize the past accomplishments of this or similar projects (if any). If the organization has no similar experiences, explain why it is qualified to undertake this program/project.

E. Future

1. What is the future of this project beyond the grant period?

2. If it is to continue beyond the grant period, how will the organization support this project?

F. Recognition

The Foundation requires all grant recipients to publicize the Foundation's participation as a grantor in their projects, how will you do that?

CHEBOYGAN COMMUNITIES FOUNDATION
APPLICATION FOR GRANT
ORGANIZATION INFORMATION SHEET

<p>Name & address of applicant organization:</p> <p>Telephone Number:</p> <p>Fax Number:</p> <p>E-mail:</p> <p>Primary contact:</p>	<p>all of the information requested below is unknown at this time, the organization is just being formed.</p> <p><i>For current fiscal year:</i> Organization's total budgeted revenue: ____ Organization's total budgeted expenses: ____</p> <p>Fiscal year: _____ to _____</p> <p>Revenue Sources for organization:</p> <table border="0"> <tr> <td>____ % government (city, county, state, federal)</td> <td>____ % fees</td> </tr> <tr> <td>____ % United Way</td> <td>____ % grants</td> </tr> <tr> <td>____ % membership</td> <td>____ % investment income</td> </tr> <tr> <td></td> <td>____ % fund raising (e.g. events, gifts, bequests)</td> </tr> </table>	____ % government (city, county, state, federal)	____ % fees	____ % United Way	____ % grants	____ % membership	____ % investment income		____ % fund raising (e.g. events, gifts, bequests)
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INFORMATION FOR THIS REQUEST

<p>Name of this program or project:</p> <p>Program/project contact person:</p> <p style="padding-left: 20px;">Name:</p> <p style="padding-left: 20px;">Phone #:</p> <p>Total cost of this effort:</p> <p>Amount requested from Cheboygan Communities Foundation:</p> <p>Type:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Capital</p> <p style="padding-left: 60px;"><input type="checkbox"/> Construction</p> <p style="padding-left: 60px;"><input type="checkbox"/> Renovation</p> <p style="padding-left: 60px;"><input type="checkbox"/> Equipment</p> <p style="padding-left: 40px;"><input type="checkbox"/> Endowment</p> <p style="padding-left: 40px;"><input type="checkbox"/> Program/Project</p> <p style="padding-left: 40px;"><input type="checkbox"/> General Support</p> <p style="padding-left: 40px;"><input type="checkbox"/> Other (describe)</p> <p>funds needed as requested.</p>	<p>List other potential and actual sources of support - put an "*" by those committed, noting any matching fund requirements.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><u>Amount</u></td> <td style="width: 50%; text-align: center;"><u>Funder</u></td> </tr> <tr> <td style="height: 100px;"></td> <td></td> </tr> </table> <p>List major funders of this program/project for past two years if applicable:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><u>Amount</u></td> <td style="width: 50%; text-align: center;"><u>Funder</u></td> </tr> <tr> <td style="height: 100px;"></td> <td></td> </tr> </table>	<u>Amount</u>	<u>Funder</u>			<u>Amount</u>	<u>Funder</u>		
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CHEBOYGAN COMMUNITIES FOUNDATION APPLICATION FOR GRANT PROGRAM / PROJECT BUDGET SHEET

Provide the requested information for the program or project for which the organization is seeking this grant.

SUPPORT / REVENUE

	Total Anticipated Support/Revenue
<i>Requested grant per this application</i>	
Fundraising or special event revenue	
Other foundation or corporate grants	
Government grants or contracts	

Other contributions	
Fees for service	
Sales revenue	
Membership dues	
Investment income	
TOTAL Support/Revenue	

EXPENSES

	Total Expenses for Program/Project	Expenses to be Covered by Requested Grant
Salaries		
Fringe benefits		
Professional fees (contracts, consultants)		
Evaluation		
Training		
Travel/meeting expenses		
Occupancy		
Phone, fax, information technology		
Printing/postage		
Supplies (consumable)		
Equipment		
Subtotal: Direct Expenses		
Proration: General/Management Overhead		
TOTAL Expenses		

Include a brief budget narrative of no more than one page to explain your budget (i.e. number of staff, type of consultant, number of trainings, etc.).

(Approved by the executive committee Feb 8, 2012, revised May 2016 with approval of CEO)

To submit completed application:

Email to:

jconboy@cheboyganfoundation.org

Mail to:

Cheboygan Communities Foundation

Att: Jim Conboy

P.O. Box 494

Cheboygan, MI 49721