



Grant Application – Long Form

(For Requests in Excess of \$1,000)

Date of Request: _____ Amount of Request: \$ _____

Organization Name: _____

Organization Address: _____

Executive Director/CEO: _____

Contact Person: _____ Title: _____

Email Address: _____ Phone: _____

Organization Type: Public ☐ Private ☐ Government ☐ Total Members if Applicable: _____

Nonprofit: Yes ☐ No ☐ IRS 501(c)(3): Yes ☐ No ☐ Tax Id No. _____

Brief Statement of Organization's Charitable Purpose: _____

Program/Project Name: _____

Purpose of Grant: _____

Dates of Proposed Project: Start Date _____ End Date _____

Project Financing:

Total Project Cost: _____

Amount Requested: _____

Amount Funded by Others: _____

Geographic Area Served: _____

Signature/Title: _____ Date: _____

Signature/Title: _____ Date: _____

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A Permanently Endowed Fund, Owned & Administered By The Community Foundation of Greater Rochester

Grant Application Continued

A. NARRATIVE:

1. Executive Summary

- Begin with a half-page executive summary. Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if the grant is made.

2. Purpose of Grant

- Statement of needs/problems to be addressed; description of target population and how they will benefit.
- Description of project goals, measurable objectives, action plans, and statements as to whether this is a new or ongoing part of the sponsoring organization.
- Timetable for implementation.
- Who are the other partners in the project and what are their roles?
- Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.
- Describe the active involvement of constituents in defining problems to be addressed, making policy, and planning the program.
- Describe the qualifications of key staff and volunteers that will ensure the success of the program. Are there specific staff training needs for this project?
- Long-term strategies for funding this project at end of grant period.

3. Evaluation

- Plans for evaluation including how success will be defined and measured.
- How evaluation results will be used and/or disseminated and, if appropriate, how the project will be replicated.
- Describe the active involvement of constituents in evaluating the program.

4. Budget Narrative/Justification

- Grant budget on the Form that follows.
- On a separate sheet, show how each budget item relates to the project and how the budgeted amount was calculated.
- List amounts requested of other foundations, corporations and other funding sources to which this proposal has been submitted.
- If we are unable to meet your full request, please indicate priority items in the proposed grant budget.

5. Organization Information

- Summary of organization's history.
- Brief statement of organization's mission and goals.
- Description of current programs, activities and accomplishments.
- Organizational chart, including board, staff and volunteer involvement

B. ATTACHMENTS:

1. A copy of the current IRS determination letter indicating 501(c)(3) tax-exempt status.
2. List of Board of Directors with affiliations.
3. Finances
 - Organization's current annual operating budget, including expenses and revenue.
 - Most recent annual financial statement (independently audited, if available; if not available, attach Form 990).
4. Copy of Organization's nondiscrimination policy
5. Letters of support should verify project need and collaboration with other organizations. (Optional)
6. Annual report, if available.

Grant Budget

Below is a listing of standard budget items. Please provide the project budget in this format and in this order.

- A. Organization fiscal year: _____
- B. Time period this budget covers: _____
- C. Expenses: Include a description and the total amount for each of the following budget categories, in this order.

	Request Amount	Total Project Expense
Salaries	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____
Consultants and Professional Fees	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Printing and Copying	\$ _____	\$ _____
Telephone and Fax	\$ _____	\$ _____
Postage and Delivery	\$ _____	\$ _____
Rent	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Evaluation	\$ _____	\$ _____
Marketing	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
Total amount requested	\$ _____	Total expenses \$ _____

- D. Revenue: include a description and the total amount for each of the following budget categories, in this order.
Please indicate which sources of revenue are committed and which are pending.

	Committed	Pending
1. Grants/Contracts/Contributions	\$ _____	\$ _____
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations (itemize)	\$ _____	\$ _____
Corporations (itemize)	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
2. Earned Income	\$ _____	\$ _____
Events	\$ _____	\$ _____
Publications and Products	\$ _____	\$ _____
3. Membership Income	\$ _____	\$ _____
4. In-Kind Support	\$ _____	\$ _____
5. Other (specify)	\$ _____	\$ _____
Total Revenue	\$ _____	\$ _____