BARAGA COUNTY COMMUNITY FOUNDATION

**P. O. Box 338 L’Anse, MI 49946**

**(906) 353-7898** [**baragacf@up.net**](mailto:baragacf@up.net)

**DO NOT USE *ANY* STAPLES ON THIS APPLICATION**

### GRANT APPLICATION COVER SHEET

(Please use this sheet as the cover page when submitting your application.)

Name of applying Organization/group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Village: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Township: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson of the governing body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Grant Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Endowment Fund (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will this program be receiving/raising matching funds and/or in-kind donations? \_\_\_\_\_\_\_\_\_\_\_\_\_

Amount if Known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a new or existing program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** Baraga County area schools and organizations that have previously supplied the following information do not need to resubmit it. It is already on file at the foundation.

Complete list of the organization's officers and directors.

Copies of the IRS federal tax exemption determination letters, if applicable.

General purpose of organization/group including year of establishment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Submitted by:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type or Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BCCF GRANT APPLICATION - PAGE 2**

Please Use the Application Cover Sheet as Your Cover Sheet. Your application WILL BE rejected if there is *any other sheet of paper used as the front page of your application. YOU MUST USE THE COVER SHEET PROVIDED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED AS THE TOP PAGE OF YOUR APPLICATION SUBMISSION.*

**Mail the original and 10 copies of your application WITH THE APPLICATION SHEET AS FRONT PAGE:**

To: Baraga County Community Foundation

100 Hemlock Street

Baraga, MI 49908

Your application narrative should be ***no longer*** than two (2) typewritten pages. ***One page*** is suitable for the purposes of the committee’s review. **In writing your proposal, please include the following:**

1. **GOAL OF PROJECT:**

What is your goal for this project? Why is this program needed? What will your program do?

1. **OBJECTIVES AND PROJECT NARRATIVE:**

What specific target population will be the focus for your project –

by age, geographic area, or special interest group? How will your program do it?

1. **TIMETABLE:**

Please provide a schedule of events, or timetable for your project. When will your program begin and end?

1. **EVALUATION:**

At the end of your program, you will need to determine whether your project was successful and to report this to the foundation. In order to measure the results, you will need to keep records of the number of persons served by your program, and to tell us whether persons were able to use, or were willing to use, the services of your program as you had hoped they would, and whether your program accomplished what you had planned. Were there any unexpected or surprising results produced by your program? Did your project live up to your hopes? Why or why not?

1. **PROJECT BUDGET:**

Please itemize all project costs (materials, equipment, services, supplies, labor, etc.) and how you will finance your program, including other sources of funding.

**EXAMPLE BUDGET:**

Line 1) cost of mailing invitations $ 66.00

Line 2) 60 hours of human services (in-kind donation) 600.00

Line 3) canvas 100.00

Line 4) paint supplies 250.00

Line 5) **Total program cost** (Add lines 1, 2, 3, & 4) 1,160.00

Line 6) **Amount of grant requested** $ 350.00

## Matching funds –

Line 7) **In-kind donation** (see: Line 2) $ 600.00

Line 8) **Other donations** (either money or supplies donated) 50.00

Line 9) **Grant from XYZ Corp.** (any other grants you will be receiving) 110.00

## Line 10) Group or organization costs (from your organizations checking account) 50.00

**Total matching funds** (Add lines 7, 8, 9 & 10) $ 810.00