



Grant Application

2020 Application Deadline:
April 30 October 31

A. Cover Sheet

Organization Name: _____

(The legal name of your Non-Profit Organization should be identical to the name on your IRS Tax Determination Letter and IRS Form 990)

Mailing Address: _____

(Number and Street or P.O. Box)

(City)

(State)

(Zip Code)

Phone: (_____) _____ Fax: (_____) _____

Website: _____

Contact Person: _____

Direct Phone: (____) _____ Email: _____

Executive Director/President/Chair: _____
(Print Name)

Phone: (_____) _____ Email: _____

List previous Grant Awards from RCCF in the last 5 years: _____

Amount Requested from RCCF: \$ _____ Total Project Expense: \$ _____

Project Title: _____

Project Date: _____

Geographic Area Served: _____

CERTIFICATION

To the best of my knowledge and belief, statements in the foregoing application are true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant organization will comply with applicable laws, regulations, terms and conditions in effect at the time of the grant.

I understand that if our organization is awarded a Grant, receipt(s) must be presented within one (1) year for reimbursement.

(Signature of Contact Person)

(Date)

(Print Name and Title)

(Authorized Signature of Executive Director/President/CEO)

(Date)

(Printed Name and Title)

<i>For Office Use Only</i>	
<u>Grant Screening Presentation Assigned To:</u>	
<input type="checkbox"/>	HLEF
<input type="checkbox"/>	RCCF Trustees
<input type="checkbox"/>	YAC
<input type="checkbox"/>	DAF
<u>Disposition of Grant Application:</u>	
<input type="checkbox"/>	Approved Amount: \$_____
<input type="checkbox"/>	Denied
<input type="checkbox"/>	Withdrawn
_____ Date of Meeting Approval	

B. Narrative

- 1. Executive Summary** - Provide a half-page executive summary which briefly explains why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if the grant is approved.

- 2. Purpose of Grant**

- a)** Describe the needs/problems to be addressed, the target population, and who will benefit.

- b)** Describe the project goals and measurable project objectives. State whether this is a new or ongoing part of the sponsoring organization.

- c)** State your plans to accomplish these goals and objectives, and the timetable for implementation of your project.

- d)** The screening committee encourages projects that demonstrate collaborative efforts between multiple organizations. Are there other organizations involved in this project? What are their roles and financial commitments?

e) What makes your project different from other projects that may be involved in similar efforts?

f) Do you have long-term strategies for funding after the end of the grant period?

3. **Evaluation** - Describe your evaluation plan and process. Specify how you will measure success.

4. **Organization Information** - Provide a brief summary of your organization's history, mission and goals, current programs, activities, and accomplishments.

C. Budget and Budget Narrative - Use the Grant Budget Form attached to this application.

1. List amounts requested of other foundations, corporations, and other funding sources.
2. Indicate priority items in the proposed grant budget in the event that RCCF is unable to meet your full request.

D. Attachments

1. Provide a copy of your current IRS Determination Letter indicating 501 (c)(3) status, ***only 1 copy is needed with the original application***, also, check here if :

school government agency church

2. Provide a copy of your most recent IRS Form 990, Audit or Financial Statement, ***only 1 copy is needed with the original application***, also, check here if :

school government agency church

3. Provide a current list of your organization's Board Members, ***only 1 copy is needed with the original application***.

4. ***Submit 1 original application.***

5. Application can be sent with supporting documents via email or U.S. Post.
Email: info@myrccf.org

Address: P.O. Box 824
Roscommon, MI 48653

PROJECT BUDGET

Indicate only the income and expenses that apply to your project.

INCOME:

Source	Amount	Description (Pending or Committed)
TOTAL INCOME:	\$	

EXPENSES:

Item / Service	Amount	Description
TOTAL EXPENSES:		