



**Grant Application**

**2020 Application Deadline:**  
April 30    October 1

**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)

Organization EIN # : \_\_\_\_\_

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: \_\_\_\_\_

## **Non-Discrimination Policy**

The Roscommon County Community Foundation prohibits discrimination against current or prospective trustees, officers, employees and volunteers without regard to race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, physical or mental ability, pregnancy, veteran status, military obligations, and marital status. This policy applies to hiring, internal promotions, training, opportunities for advancement, and terminations.

The Foundation's grant making policies reflect the belief that organizational performance is greatly enhanced when people with different backgrounds and perspectives are engaged in an organization's activities and decision-making process. Thus, the Foundation actively seeks to promote access, equity and inclusiveness, and to discourage discrimination based on race, creed, ethnicity, gender, age, sexual orientation, socioeconomic status, and other factors that deny the essential humanity of all people. This principle is a lens through which all the work of the Foundation is viewed.

The Foundation reserves the right to decline proposals from organizations the Board and staff of which do not reflect the diversity of the community in which they work and live.

### **1. Does your organization have a non-discrimination policy?**

**Yes          No**

**If Yes, please describe your organization's non-discrimination policy.**

## 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.**

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(Signature of Contact Person)

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(Date)

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(Print Name and Title)

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(Authorized Signature of Executive Director/President/CEO)

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(Date)

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(Printed Name and Title)

### **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 along with a 5 minute video presentation to [info@myrccf.org](mailto:info@myrccf.org)***

# PROJECT BUDGET

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

## INCOME:

Source	Amount	Description (Pending or Committed)
<b>TOTAL INCOME:</b>	\$	

## EXPENSES:

Item / Service	Amount	Description
<b>TOTAL EXPENSES:</b>		