2024 GRANT APPLICATION

_____

2024 Grant Recipients must submit an evaluation form to be considered for funding for the current grant cycle.

This application will be reviewed by the NCF Grants Committee and Board of Directors. All applications are reviewed in September, with notification of award or denial being sent mid-November.

Organizations may apply annually for only one grant.

*Minimum grant request: $500 *Maximum grant request: $5,000
_____

Date of Application: _____ ☐ New Request   ☐ Renewal Request

Legal Name of Organization Applying: _____
(Should be same as on IRS determination letter and as supplied on IRS Form 990)

Alternate Name/Acronym: _____

Current Operating Budget: _____ Date of last audited or reviewed financial statements: _____

Is Your Organization Tax-Exempt Under Section 501(c)(3) of the Internal Revenue Code?   ☐ Yes   ☐ No

Tax ID or EIN Number: _____ Year Founded: _____

If you are another qualifying entity, please indicate which of the following: ☐ School
                                                                              ☐ Governmental
                                                                              ☐ Church or Religious Organization
                                                                              for Community Benefit Project

President/Executive Director: _____ Email Address: _____

Contact Person: _____ Title: _____
(If different from President/Executive Director)

Email Address: _____ Phone Number: (_____) _____

Address (Principal Administrative Office): _____

City/State/Zip: _____Phone Number: (_____) _____

Fax Number (_____) _____Website: _____

Have you received any support from the Northville Community Foundation in the last 5 years? If so, please list

support received: _____

_____

_____

_____

Project Name: _____

Category That Best Describes Your Request:
    ☐ Education   ☐ Health   ☐ Art   ☐ Community   ☐ Beautification
    ☐ Youth   ☐ Senior   ☐ Historical ☐ Other (Please Specify)

Purpose of Grant (One sentence): _____

_____

_____

Project Begin Date: _____Project End Date: _____

Amount Requested: _____Total Project Cost: _____

Geographic Area Served: _____ Number of People Served: _____

Type of Support Requested: ☐ New Program   ☐ Existing Program ☐ Other (Please Explain)

_____ _____
Signature, President/Executive Director   Date

_____
Printed Name and Title

Please Attach:

☐ Project Narrative   ☐ List of Board of Directors
☐ Project Budget   ☐ Annual Operating Budget
☐ IRS Ruling Letter   ☐ Letters of Support (Optional)
☐ Most Recent Audited or Reviewed Financial Statements   ☐ Annual Report (If Available)

Submit Via Email:
ncfmanager@gmail.com

Organization Name: _____

Please provide the following information in this order. The narrative is not to exceed six pages.

1. **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.
   - List of other partners in the project and their roles.
   - List of similar existing projects or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.
   - Description of the qualifications of key staff and volunteers that will ensure the success of the program. List of specific staff qualifications, experience, and/or training needs for this project.
   - Long-term strategies for funding this project at end of grant period.

2. **Evaluation**
   - Plans for evaluation including how success will be defined and measured.

3. **Site Visit**
   - Will a site visit be possible by NCF representatives to view the project/program in progress? If yes, please give an idea as to when, where, what, and with whom we can visit.

4. **Budget Narrative/Justification**
   - Grant budget, using the Grant Budget Format that follows.
   - List of priority items in the proposed in the proposed budget, in the event that we are unable to meet your full request.

5. **Organization Information**
   - Brief summary of organization's history.
   - Brief statement of organization's mission and goals.
   - Description of current programs, activities and accomplishments.

2024 GRANT APPLICATION
Narrative Format for RENEWAL Requests

Organization Name: _____

Please provide the following information in this order. The narrative is not to exceed four pages.

1. **Purpose of Grant**
   - Brief description of the needs/problems to be addressed, project goals, and proposed use of funding from the NCF.
   - Describe your plans for this upcoming year in regards to your project.
   - List of other partners or collaborations in the project.
   - Has your project changed since you received funding from the NCF? If so, please tell us about the changes and what led to them.

2. **Evaluation**
   - Describe your results to date including the impact this project/program has had on the people you serve and on your organization itself.
   - Share a story that illustrates the impact or success your project has had to date.
   - Since the implementation of your project, is there something you wish you would have done differently?
   - Have you sent in your evaluation form for the previous grant given by the NCF? If not, please attach. *Note: Applicants who have not submitted an evaluation form for previous NCF grants by the grant deadline (July 31, 2017) will not be considered for funding for this grant cycle.*

3. **Site Visit**
   - Will a site visit be possible by NCF representatives to view the project/program in progress? If yes, please give an idea as to when, where, what, and with whom we can visit.

4. **Budget Narrative/Justification**
   - Grant budget, using the Grant Budget Format that follows.
   - List of priority items in the proposed in the proposed budget, in the event that we are unable to meet your full request.

5. **Organization Information**
   - Remind us of your mission and track record. Highlight two or three key facts and accomplishments that best define you.

2024 GRANT APPLICATION
Grant Budget Format

Organization Name: _____

Organization Fiscal Year: _____Time Period this Budget Covers: _____

Project Budget

Include a description that shows how each budget item relates to the project and how the budgeted amount was calculated.

Line Item	Description/Formula Used	NCF Request	Other Funding	Project Total
Salaries/Wages		$	$	$
Contractor/ Consultants/ Professional Fees		$	$	$
Insurance		$	$	$
Travel/Mileage		$	$	$
Meals		$	$	$
Equipment		$	$	$
Supplies (Describe)		$	$	$
Printing/Copying		$	$	$
Postage/Shipping		$	$	$
Marketing/Advertising		$	$	$
Administrative/Overhead		$	$	$
Other Expenses (please list):				
		$	$	$
		$	$	$
TOTALS		$	$	$
	Percentage of Project Costs	%	%	100%

Please ensure that "Other Funding" includes revenue from:
- *Grants/Contracts including local, state or federal government, Foundations (please itemize), corporations, and individuals.*
- *Earned Income from events, publications, and projects.*
- *Membership Income*
- *In-Kind Support*
- *Other (Please Specify)*