



2022 IMPACT GRANT FINAL APPLICATION

Questions? Contact Cindy Hales, Director of Community Investment at chales@ourcommunity.org

APPLICANT INFORMATION

Organization Name: _____

Mailing Address: _____

Website: _____

What year was your organization established? _____ Annual operating budget? _____

How many: Paid Staff: _____ Volunteers: _____ Board members: _____

Percentage of board members who make a financial gift annually: _____%

Director of the Organization:

Name: _____ Title: _____

Organization's Mission Statement: (400 characters max including spaces– Please use one paragraph.)

As the Community Foundation works to better understand the diversity of its grantmaking, we ask that you answer the following questions about your organization.

What percentage of your **staff** are people of color? _____% Your **board**? _____% Your **clients**? Please only include those clients who directly benefit from your programs and services. _____%

Tell us how your organization is addressing issues of **Diversity, Equity and Inclusion**. (200 character max)

Would your organization be interested in diversity, equity and inclusion training or webinars?

_____ Yes _____ No, we have already engaged in this work

Are you applying through another organization as your fiscal agent? NO _____ YES _____

If YES, provide the following information about your fiscal agent:

Organization Name: _____ Contact Person: _____

Contact person's phone: _____ Email Address _____

Please upload a letter of endorsement from your Fiscal Agent. The letter should detail their commitment to managing any grant monies awarded, including their charitable use, and financial reports or project updates.

IMPACT PROJECT INFORMATION

Project Title:

Contact Person for this grant

Name: _____ Title: _____

Phone: _____ Email: _____

Amount Requested: _____ **Total Project Cost:** _____

Timetable for implementation *(note that final Impact grant decisions are made in June) (400 characters max)*

Number of residents by county who will be served by this project:

Ingham _____ + Eaton _____ + Clinton _____ = Total residents served in tri-counties _____

Number of residents in other counties who will be served by this project: _____

Please provide any updated information to the following questions since your Preliminary application.

- 1. What is the community need you are trying to address with this proposal?** *(1,400 characters w/spaces)*
- 2. How will this proposal address these community needs?** *(1,400 characters w/spaces)*
- 3. Describe the impact this proposal will have on those you serve.** *(Please be specific and include measurable results you hope to achieve. (1,400 character max)*
- 4. Name any confirmed partners in this project.** *Please provide a contact person for each. (400 char. max)*
- 5. Please list key staff who will be involved with your project and include their role(s).** *(400 characters)*
- 6. List any existing projects in the community similar to this request. How is your project different? Indicate if and how you plan to collaborate?** *(400 character max)*
- 7. Explain your strategy for long-term sustainability and/or maintenance of this project.** *(400 character max)*
- 8. Impact grants require a 1:1 dollar match. Identify the sources of matching funds you have requested or received for this project to date.**

<i>Funder Name</i>	<i>Amount</i>	<i>Requested</i>	<i>Received</i>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

- 9. If fundraising has not started for this project, please describe in detail how you will use this grant to leverage the required 1:1 match?** *(400 character max)*

10. Project Budget - Please list all project costs. Number them according to priority and indicate if the item will be funded from this request or from another source.

Priority	Line Item Description	Total Cost	Funding from this request	Funding from other sources
	Salary/wages	\$	\$	\$
	Consultant/Contractor fees	\$	\$	\$
	Travel/Mileage/Meals	\$	\$	\$
	Room Rental/Meetings	\$	\$	\$
	Postage/Shipping	\$	\$	\$
	Copying/Printing	\$	\$	\$
	Marketing/Advertising	\$	\$	\$
	Project Supplies (Please list here)	\$	\$	\$
	OTHER COSTS (please list)			
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
	TOTAL PROJECT COSTS	\$	\$	\$

Authorization: This grant submission should be authorized by your organization's chief executive officer. By typing their name, they verify that they have reviewed the application and attest that the information provided is accurate.

Name: _____ **Date** _____

IMPACT GRANT FINAL APPLICATION 2022 – REQUIRED ATTACHMENTS:

Please only include these attachments. To ensure fairness, no other materials will be viewed or considered.

1. If applicable, your Fiscal Agent's letter of endorsement
2. Your organization's current operating budget (including all income and expense items)
3. Letters of Support: At least one, but no more than three, letters of support for your application. Letters should verify the community need for your project and confirm any planned collaborations.
4. List of board or council members - with their professional positions
5. Most recent balance sheet – please note that as part of the review process, the Foundation may also request your most recent audit.
6. If you are applying for a capital purchase, include any photos that may help the committee to understand the scope of the project.