

meijer

Children's health care

fund

Grant Application Instructions

Detailed Instructions

- Please provide the following information in the order specified & answer each question as completely as possible.
- It's recommended that you use these headings, subheadings and numbers in your own word processing format, thus leaving flexibility for length of response -- or request this application on a disk or as an email attachment.
- The Common Grant Application Cover Sheet as provided should be the first page of the application.
- If you would like input from the GACF staff, submit one (1) copy of the total application for review at least 10 days prior to the deadline. Otherwise -
- Submit seven (7) copies of the final application before the deadline.
- Submit to: Greenville Area Community Foundation (Inside the Commercial Bank Building)
101 N. Lafayette, Greenville, MI 48838

For questions contact Amy O'Brien, Director of Grants & Communications for GACF by email: grants@gacfmi.org
or by phone: 616.754. 2640

THIS APPLICATION MUST INCLUDE:

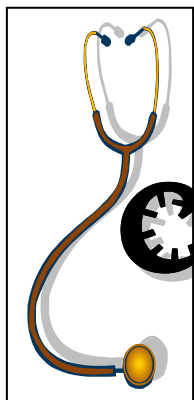
A. NARRATIVE

1. Organization Information
 - ◆ Brief statement of organization's mission, history and goals.
 - ◆ Brief description of current programs, activities and accomplishments.
2. Purpose of Grant
 - ◆ Statement of need to be addressed, description of target population, how they will benefit & number of people affected.
 - ◆ Description of projects goals and objectives (measurable, if possible) and statement as to whether this is a new or on-going part of the sponsoring organization. *Answer question – Can program exist with partial funding?*
 - ◆ Description of how this project meets the criteria of the GACF Meijer Children's Health Care Fund.
 - ◆ Plans to accomplish goals and objectives.
 - ◆ Timetable for implementation.
 - ◆ Other organizations participating in the project and their roles - evidence of collaboration.
 - ◆ Long-term strategies for funding this project at end of grant period.
3. Evaluation
 - ◆ Plans for evaluation including how success will be defined and measured.
4. Letters of support to verify project need & collaboration with other organizations. (optional but valuable)

B. BUDGET - use attached budget template.

C. ATTACHMENTS - **(Need only one copy of the following information attached to your Master Application.)**

1. A copy of the current IRS determination letter indicating non-profit, tax-exempt status.
NEW - If you are a Type III Supporting Organization we will need a letter to that effect as well.
2. List of current governing board members with affiliations.
3. Finances
 - Organization's current annual operating budget, including expenses and revenue.
 - Most recent audited financial statement and most recent IRS Form 990.
4. A copy of most recent Annual Report if available.



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Grant Application Cover Sheet

Date of Application _____

Legal name of organization applying _____
(Should be same as on IRS determination letter and as supplied on IRS Form 990)

Name of Program/Project _____

Purpose of Grant _____
(one sentence)

Amount Requested \$ _____ Total Project Cost \$ _____

Can this program/project survive if it receives partial funding? Yes No

Date(s) of Project _____ Projected No. of people affected? _____

Contact Person/Title _____

Address _____

Phone Number _____ Fax Number _____

E-mail Address(s) _____ Web site _____

List any previous support from GACF in the last 5 years _____

Signature _____ Date _____
(Person writing the application/program supervisor/contact person)

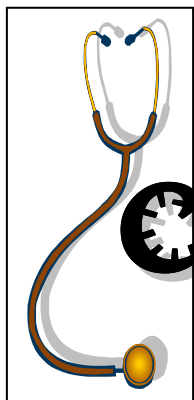
Typed Name and Title _____

Signature _____ Date _____
(Head of Organization)

Typed Name and Title _____

Signature _____ Date _____
(Head of Organization's Governing Body)

Typed Name and Title _____



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Grant Application Project Budget

The next two pages show listings of standard budget items.
Please provide the project budget in this format and in this order:

Program/Project Name _____

Supporting Organization _____

Time period this budget covers _____

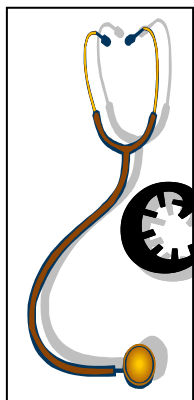
Name of person submitting application _____

AMOUNT REQUESTED FROM MEIJER CHILDREN'S HEALTH CARE FUND _____

TOTAL PROJECT REVENUE

Include a **description and the total amount** for each of the following budget categories, in this order; and please indicate which sources of revenue are committed and which are pending.

	<i>Committed</i>	<i>Pending</i>
1. Grants/Contracts/Contributions		
• Local Government	_____	_____
• State Government	_____	_____
• Federal Government	_____	_____
• Foundations (specify)	_____	_____
• Corporations (specify)	_____	_____
• Individuals	_____	_____
• Other (specify)	_____	_____
2. Earned Income - Events (attach description)	_____	_____
3. Publications and Products	_____	_____
4. Membership Income	_____	_____
5. In-Kind Support	_____	_____
6. Other (specify)	_____	_____
TOTAL PROJECT REVENUE	=====	=====



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TOTAL PROJECT EXPENSES

Expenses: include a ***description and the total amount*** for each of the following budget categories, in this order:

Indicate if item is included in this request with an

- Salaries _____
- Payroll Taxes _____
- Fringe Benefits _____
- Consultants and Professional Fees _____
- Insurance _____
- Travel _____
- Equipment (itemize) _____
- Supplies _____
- Printing and copying _____
- Telephone and Fax _____
- Postage and Delivery _____
- Rent _____
- Utilities _____
- Maintenance _____
- Evaluation _____
- Marketing _____
- Other (specify) _____

TOTAL PROJECT EXPENSE _____

TOTAL AMOUNT REQUESTED FROM THE MCHC FUND _____