



Thank you for your time and interest. If you have questions about this application, please contact Robin Dorman, Executive Director at 906/847-3701 or rdorman@micf.org.

Instructions

- Please type and single space report.
- Please answer all questions in the order listed.
- Please use headings as provided.
- Please submit one copy to Twilight Inn- P.O. Box 1933, Mackinac Island, MI 49757

Checklist of Attachments

- Ø Cover Sheet
- Ø A copy of the current IRS determination letter (indicating 501(c)(3) tax-exempt status)
- Ø List of Board of Directors with affiliations
- Ø Finances
 - Ø Organization's current annual operating budget, including expenses and revenue.
 - Ø Most recent annual financial statement (independently audited, if available; if not available, attach IRS Form 990)
 - Ø Grant Budget Format and Plan
- Ø Annual report (if available)
- Ø Grant Budget (separate from annual operating budget)

Guidelines for Grants

1. Since the mission of the Mackinac Island Community Foundation is to enhance the quality of life for people on Mackinac Island, only projects pertaining to the Island will be considered.
2. To be eligible to receive a grant, an applicant should qualify under Internal Revenue Service (IRS) regulations as a tax-exempt, charitable 501(c)(3) organization, be part of a municipal or educational organization, or a group with a recognizable charitable purpose.
3. Grants are NOT made directly to individuals.
4. Grants that meet the following criteria will be given highest priority:
 - Enable an organization to better carry out its purpose in the community
 - Enhance cooperation among community organizations
 - Build new programs to meet emerging needs or create new approaches to meet current needs
 - Benefit a large percentage of people
 - Projects that are self sustaining
 - Those that encourage matching gifts of additional funding sources
5. Grants are not normally made for operating expenses, annual fundraising campaigns, political campaigns, loans, sectarian purposes or deficit funding.
6. Grant applications are reviewed at least twice a year. They must be made on our form and are due in the MICF office on April 15 or November 1 by 4pm. Additional information may be requested. Should that date fall on a weekend or holiday, the application is due on the preceding Friday by 4pm.
7. Grants normally range from \$100 to \$1500.
Please note: Failure to include all relevant financial information, including completed budget worksheet will result in returned grant application

Mackinac Island Community Foundation 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.)

Year Founded: _____ Current Operating Budget: _____

Executive Director: _____ Phone number _____
(include area code if not 906)

Contact person/title/phone number
(if different from executive director): _____

Address *(principal/administrative office)*: _____

City/State/Zip: _____

Fax #: _____ E-mail address: _____

Project Name: _____ Is this an existing project? Yes ____ No ____

Purpose of Grant *(one sentence)*: _____

Dates of the Project: _____ Amount Requested \$ _____

Total Project Cost: _____ Geographic Area Served: _____

Signature, Project Coordinator

Date

Typed, Name and Title

Date

Signature, Chairperson, Board of Directors

Date

Typed Name and Title

Date

Mackinac Island Community Foundation
Grant Application

Organization Name: _____ Date: _____

Project Summary:

(Explain why grant is being requested, what outcomes you hope to achieve, and how you will spend the funds if grant is made)

Purpose of Grant

1. Statement of needs/problems to be addressed; describe target population and how your project will help:

 2. Description of project goals, measurable objectives, action plans, and statements as to whether this is a new or ongoing part of the sponsoring organization:

 3. Timetable for implementation:

 4. List of other partners in the project and their roles:

 5. List of similar existing projects or agencies, if any, and explanation of how your agency or proposal differs and what effort will be made to work cooperatively:

 6. Description of the active involvement of constituents in defining problems to be addressed, making policy, and planning the program.

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7. Description of the qualifications of key staff and volunteers that will ensure the success of the program.

8. Long-term strategies for funding this project at the end of the grant period.

Evaluation :

1. Plans for evaluation, including how success will be defined and measured.

Budget Narrative Justification:

1. *Separate Attachments*

Ø Grant budget; use the Grant Budget Format attached, if appropriate

Ø A plan (on a separate sheet) that shows how each budget item relates to the project and how the budgeted amount was calculated.

2. List amounts requested from other foundations, corporations and other funding sources to which this proposal has been submitted.

3. List of priority items in the proposed grant budget, in the event that we are unable to meet your full request.

Organization Information:

1. Brief summary of organization's history.

2. Brief statement of organization's mission and goals.

3. Description of current programs, activities and accomplishments.

4. Organization chart, including board, staff and volunteer involvement.

Grant Budget Format

Listed below are standard budget items. Please provide the project budget in this format.

Organizational fiscal year: _____

Time period this budget covers: _____

A. Expenses:	Amount requested from MICF	Total project expenses
1. Salaries	\$ _____	\$ _____
2. Payroll taxes	\$ _____	\$ _____
3. Fringe benefits	\$ _____	\$ _____
4. Consultants & Professional Fees	\$ _____	\$ _____
5. Insurance	\$ _____	\$ _____
6. Travel	\$ _____	\$ _____
7. Equipment	\$ _____	\$ _____
8. Supplies	\$ _____	\$ _____
9. Printing & Copying	\$ _____	\$ _____
10. Telephone & Fax	\$ _____	\$ _____
11. Postage & Delivery	\$ _____	\$ _____
12. Rent	\$ _____	\$ _____
13. Utilities	\$ _____	\$ _____
14. Maintenance	\$ _____	\$ _____
15. Evaluation	\$ _____	\$ _____
16. Marketing	\$ _____	\$ _____
17. Other (<i>specify</i>)	\$ _____	\$ _____

Totals: \$ _____ \$ _____ **

Total Requested from MICF Committed Total Project Expenses Pending

B. Revenue:	Committed	Pending
1. Grants:		
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations (<i>itemize</i>)	\$ _____	\$ _____
Corporations (<i>itemize</i>)	\$ _____	\$ _____
Individual	\$ _____	\$ _____
Other (<i>specify</i>)	\$ _____	\$ _____
2. Earned Income		
Events	\$ _____	\$ _____
Publications & Products	\$ _____	\$ _____
3. Membership Income	\$ _____	\$ _____
4. Other	\$ _____	\$ _____
5. Total Revenue	\$ _____	\$ _____

\$ _____ \$ _____ \$ _____

Total Committed + Total Pending = **Total Project Revenue

****Total Project Expenses from Section A and Total Project**