



BOARD OF DIRECTORS'

# Community Improvement Initiative

## **How to Apply**

- Review [information & FAQs](#) located on the SCF website.
- Contact SCF to discuss proposal, obtain an application number, and receive an editable grant application.
- Application due May 1, 2026.
- Submit completed application electronically to [brian@saginawfoundation.org](mailto:brian@saginawfoundation.org) no later than 11:59 p.m. on May 1 (preferred) or via mail postmarked by May 1.

## **COMPLETED APPLICATIONS SHOULD INCLUDE:**

- This completed & signed grant application form
- Project Narrative (see "How to Write the Project Narrative")
- Supporting Financial Information:
  - Documentation substantiating project expenses (quotes, bids, etc.)
  - Most recent IRS 990 (first 2 pages only)
  - Applicant's current operating budget
  - Most recent year-to-date financial statement
- Supporting Documentation (if applicable)

## **APPLICANT INFORMATION**

**SCF Grant Application #:** \_\_\_\_\_ **E.I.N. #:** \_\_\_\_\_

**Legal name of organization applying:** \_\_\_\_\_  
(This should be the same name as the one on the IRS tax determination letter)

**Your organization's common name** (if different than above): \_\_\_\_\_

**Chief Executive Officer** (name & title): \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, ZIP Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **Facebook Page:** \_\_\_\_\_

**Contact person for this application** (name & title): \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, ZIP Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## **GRANT APPLICANT SIGNATURES**

**Primary Signature (Board Chair, CEO, Project Leader):**

Name & Title (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Secondary Signature (Active Project Supporter):**

Name & Title (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROPOSAL INFORMATION**

**Organization's common name:** \_\_\_\_\_

**Project title:** \_\_\_\_\_

**Amount requested** (up to \$40,000): \_\_\_\_\_ **Total project cost:** \_\_\_\_\_

**Project start date:** \_\_\_\_\_ **Project end date** (no later than 7/1/2027): \_\_\_\_\_

**Geographic area served by this project** (neighborhood/township/city/county): \_\_\_\_\_

**1a. Estimated # of *direct* recipients this project will serve:** \_\_\_\_\_

**1b. Who are the *direct* recipients?** \_\_\_\_\_

**Explain.** (No more than one sentence): \_\_\_\_\_

**2a. Estimated # of *indirect* recipients this project will serve:** \_\_\_\_\_

**2b. Who are the *indirect* recipients?** \_\_\_\_\_

**Explain.** (No more than one sentence): \_\_\_\_\_

**Executive Summary**

*What is the project and what impact will it have on the community (no more than a paragraph in length).*

Answer here:

### **PROJECT BUDGET INFORMATION**

- In the tables below, itemize all sources of project funding and project expenses. Please add additional lines if necessary.
- The total project revenue must equal the total project expense. This explains how you anticipate funding the project.
- Answer the *Project Expense Questions* on the following page regarding funding and sustainability.
- Attach the following financial information when submitting the completed grant application:
  - Documentation substantiating project expenses (bids, quotes, etc.)
  - Most recent IRS 990 (first two pages only)
  - Applicant's current operating budget
  - Most recent year-to-date financial statement

#### **REVENUES FOR PROJECT:**

<b>FUNDING SOURCE</b>	<b>AMOUNT</b>	<b>STATUS: CONFIRMED OR PENDING</b>
Saginaw Community Foundation	\$	Pending
Organizational Funds Committed	\$	Confirmed
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>TOTAL PROJECT REVENUE:</b>	<b>\$</b>	

#### **EXPENSES FOR PROJECT:**

<b>ITEM (MATERIALS, SUPPLIES, EQUIPMENT, ETC.)</b>	<b>ESTIMATED COSTS</b>
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL PROJECT EXPENSE:</b>	<b>\$</b>

### **PROJECT EXPENSE QUESTIONS**

**How will funding from the Saginaw Community Foundation be used?**

**Explain specific items and/or areas of the project that the Community Improvement Initiative grant would fund.**  
*Limit to 120 words.*

Answer here:

**How would this project be impacted if not awarded the Community Improvement Initiative grant?**

*Limit to 120 words.*

Answer here:

**Describe the amount and source of any internal funds dedicated to this project.**

**What is your plan to secure additional revenue and/or matching funds for this project? Who have you contacted or plan on contacting?**

*Limit to 120 words.*

Answer here: