



Saginaw

community foundation

1 Tuscola, Suite 100 • Saginaw, MI 48607  
(989) 755-0545 • Fax (989) 755-6524  
saginawfoundation.org

# GENERAL SCF GRANT APPLICATION

### 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.
- Submit completed application electronically to [Kendra@saginawfoundation.org](mailto:Kendra@saginawfoundation.org) no later than 11:59 p.m. on the due date or via mail postmarked by the due date.
- General SCF grant application due dates are February 1, May 1, August 1, November 1

### COMPLETED APPLICATIONS SHOULD INCLUDE:

- 1) This completed & signed grant application form
- 2) Program/Project Narrative (*See Program Narrative Guidelines*)
- 3) Organizational Background (*up to 2 pages*)  
- Include a list of governing board members & a brief bio on key project/program staff.
- 4) Financial Information:
  - a. Most recent IRS 990 (first 2 pages only)
  - b. Applicant's current operating budget
  - c. Most recent year-to-date financial statement
  - d. Documentation substantiating project expenses (quotes, bids, etc.)
- 5) If appropriate, any additional attachments you feel would establish your organization's credibility or help clarify your program/project (letters of support, news articles, etc.)

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: \_\_\_\_\_

• Has your governing board approved a policy which states your organization will not discriminate as to age, race, religion, sex, handicap or national origin?  No  Yes (date approved by board: \_\_\_\_\_ )

• Has your governing board formally approved this project and authorized you to submit this application for funding?  No  Yes (date approved by board: \_\_\_\_\_ )

### APPLICATION AUTHORIZATION:

Chief Executive Officer (Printed): \_\_\_\_\_

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

Board Chair (Printed): \_\_\_\_\_

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



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**PROGRAM/PROJECT INFORMATION**

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

Program/Project title: \_\_\_\_\_

Amount requested : \_\_\_\_\_ Total project cost: \_\_\_\_\_

Project start date: \_\_\_\_\_ Project end date: \_\_\_\_\_

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**

Provide a brief program/project overview answering the following:

*What is the project; why is it necessary; who is coordinating the efforts; where is the project located; who will the project impact; and what impact will the project have on the community (no more than a paragraph in length).*

Answer here:

Large empty rectangular box for the executive summary answer.



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### BUDGET INFORMATION

- In the tables below, itemize any pending or confirmed sources of revenue & estimated expenses relating to this request. Add additional lines if necessary.
- Total revenue *must* equal total expense to show how you plan on funding the project.\*
- Answer the *Budget Questions* on the following page regarding funding and sustainability.
- Attach the following financial information when submitting the completed grant application:
  - 1) Most recent IRS 990 (first two pages only)
  - 2) Applicant's current operating budget
  - 3) Most recent year-to-date financial statement
  - 4) Documentation substantiating expenses (bids, quotes, etc.)

#### REVENUES FOR PROJECT:

| FUNDING SOURCE                                  | AMOUNT    | STATUS: CONFIRMED OR PENDING       |   |
|---|-----------|------------------------------------|---|
| Saginaw Community Foundation (amount requested) | \$        | <input type="checkbox"/> Confirmed | <input checked="" type="checkbox"/> Pending |
| Organizational Funds Committed                  | \$        | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Pending            |
|   | \$        | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Pending            |
|   | \$        | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Pending            |
|   | \$        | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Pending            |
|   | \$        | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Pending            |
|   | \$        | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Pending            |
|   | \$        | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Pending            |
|   | \$        | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Pending            |
|   | \$        | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Pending            |
| <b>TOTAL PROGRAM/PROJECT REVENUE*:</b>          | <b>\$</b> |                                    |   |

#### EXPENSES FOR PROGRAM/PROJECT:

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



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### **BUDGET QUESTIONS**

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

**Explain specific items and/or areas of the program/project that SCF funds would support.**

*Limit to 120 words.*

Answer here:

**How would this program/project be impacted if awarded *partial grant funding* from SCF?**

**How would this program/project be impacted if not awarded *any* grant funding from SCF?**

*Limit to 120 words.*

Answer here:

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

**Have you secured or do you plan on securing additional funds to support this program/project? Who have you contacted or plan on contacting?**

*Limit to 120 words.*

Answer here:

