

# Cook Family Foundation Grant Application



## Submission Guidelines

### Before you apply:

- \_\_\_ Please visit [www.cookfamilyfoundation.org](http://www.cookfamilyfoundation.org) to review our Grant Guidelines, Grant Criteria and Grant FAQ's.
- \_\_\_ Contact the foundation to verify that your project is in line with our funding priorities.
- \_\_\_ Contact the foundation to verify our timeline for proposal review.
- \_\_\_ Contact the foundation Program Officer for assistance in preparing this application.

### A complete Application Packet will include:

- \_\_\_ Grant Application (page 2)
- \_\_\_ Proposal (see outline on page 3)
- \_\_\_ Current year's budget (organization)
- \_\_\_ Program Budget (using format on page 4)
- \_\_\_ Current Board Roster
- \_\_\_ 501(c)(3) determination letter (or documentation of nonprofit status)
- \_\_\_ Most recent annual report (if available)
- \_\_\_ Program promotional materials (up to three examples)
- \_\_\_ Letters of commitment from program/project partners (as appropriate)
- \_\_\_ Organizational chart including board, staff and volunteer involvement

\*\*\* **Capacity Building Champions** and other previous grantees (with current program files) should contact the foundation to determine which attachments may **not** be required.

\*\*\* Failure to submit a complete Application Packet may result in the delay or denial of your proposal.

### Complete Application Packets should be submitted to:

Robin Lynn Grinnell  
Program Officer  
Cook Family Foundation  
PO Box 278  
Owosso, MI 48867

- Materials may be sent via email (PDF format preferred) to: [robin@cookfamilyfoundation.org](mailto:robin@cookfamilyfoundation.org)
- Applications are accepted on a rolling basis. The Board of Trustees meets quarterly to review requests.

# Cook Family Foundation Grant Application

## Applicant Information

Organization Name \_\_\_\_\_

Grant Affiliate/Partner Organization(s) (if applicable) \_\_\_\_\_

Name/Title Responsible for Application \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Web address: \_\_\_\_\_

Is any member of your organization a graduate of **Leadership Shiawassee**? Yes No  
please identify: \_\_\_\_\_

## Type of Grant Requested (see *Application Guidelines* for more information)

### Nonprofit Capacity Building

- \_\_\_ Implementation grant
- \_\_\_ Infrastructure Development
- \_\_\_ Collaborative Venture Grant (check one):
  - \_\_\_ Feasibility/Pilot Grant
  - \_\_\_ Incubator/Seed Funding

### Program Grant (check one):

- \_\_\_ Pilot Program
- \_\_\_ Program expansion
- \_\_\_ **Other** (describe):

## Project Summary

Project Title: \_\_\_\_\_

Total Grant Requested: \$ \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_

Dates of Project: Start \_\_\_\_\_ End \_\_\_\_\_

Executive Summary : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Authorization

\_\_\_\_\_  
Signature, Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Executive Director

\_\_\_\_\_  
Date

# Cook Family Foundation Grant Application

## Proposal Outline

*Please provide us with an overview of your organization and the program or project for which you seek funding, using the following outline. If you have a similar outline that you are using for other funders, feel free to contact us to discuss using the alternate format.*

### **A. Program Narrative (not to exceed five pages, minimum 11-point font, line spacing at 1.5)**

- 1. Executive Summary** (approximately one-half page)
  - Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if the grant is made.
  
- 2. Purpose of Grant** (approximately two-three pages)
  - Statement of needs/problems to be addressed; description of target population and how they will benefit.
  - Description of no more than 5 project goals, with measurable objectives and key activities
  - Identify whether this is a new or ongoing part of the sponsoring organization.
  - Timetable for implementation.
  - Who are the other partners in the project and what are their roles?
  - Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.
  - Describe the active involvement of constituents in defining problems to be addressed, establishing policy, and planning the program.
  - Describe the qualifications of key staff and volunteers that will ensure the success of the program. Are there specific staff training needs for this project?
  - Identify long-term strategies for funding this project beyond this grant period.
  
- 3. Organizational Capacity** (approximately one page)
  - Brief summary of organization's history.
  - Brief statement of organization's mission and goals.
  - Description of current programs, activities and accomplishments.
  - Description of participation in Nonprofit Capacity Building Program, including lessons Learned as they affect this program/project.
  
- 4. Evaluation** (up to one page)
  - Describe how success will be defined and measured.
  - Discuss how evaluation results will be used and/or disseminated and, if appropriate, how the project will be replicated.
  - Describe the active involvement of constituents/customers in evaluating the program.

### **B. Budget Narrative/Justification**

- Outline the **Grant Budget** using the format that follows, if appropriate. (If you have a different, but comparable, format please contact us in advance of submission.)
- On a separate sheet, show how each budget item relates to the project and how the budgeted amount was calculated.
- List amounts requested of other foundations, corporations and other funding sources to which this proposal has been submitted.
- In the event that we are unable to meet your full request, please indicate priority items in the proposed grant budget.

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<b>Project Budget</b>
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Applicant Organization: \_\_\_\_\_

Project Title: \_\_\_\_\_

Organizational Fiscal Year: \_\_\_\_\_

**Project Expenses:**

	<u>Requested from CFF:</u>	<u>Project Total:</u>
Salaries	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____
Consultants and Professional Fees	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Printing and Copying	\$ _____	\$ _____
Telephone and Fax	\$ _____	\$ _____
Postage and Delivery	\$ _____	\$ _____
Rent	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Evaluation	\$ _____	\$ _____
Marketing	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
<b>Total Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Project Revenue:**

	<u>Committed</u>	<u>Anticipated/Pending</u>
Grants/Contracts/Contributions		
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations (itemize)	\$ _____	\$ _____
Corporations (itemize)	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
Earned Income		
Events	\$ _____	\$ _____
Publications and Products	\$ _____	\$ _____
Membership Income	\$ _____	\$ _____
In-Kind Support	\$ _____	\$ _____
Fee for Service	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
<b>Total Revenue</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Notes:**