

**Submission Guidelines**

**Before you apply:**

 Please visit [www.cookfamilyfoundation.org](http://www.cookfamilyfoundation.org) to review our Grant Guidelines

 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 for assistance in preparing this application.

**A complete Application Packet will include:**

 Grant Application-**must include completed page #2 (with signatures)**

 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

 Program materials (up to three examples)

 Letters of commitment from program/project partners (as appropriate)

 Organizational chart including board, staff and volunteer involvement

A participant in our Nonprofit Capacity Building Program? Yes No

\* **If you are a Partner and/or working with the Nonprofit Network**

please contact the foundation to determine which attachments may ***not***be required.

**Complete Application Packets should be submitted to:**

Thomas B. Cook

Executive Director

Cook Family Foundation

PO Box 278

Owosso, MI 48867

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

**Applicant Information**

#### Organization Name

#### Grant Affiliate/Partner Organization(s) (if applicable)

Name/Title Responsible for Application

Address

City: State: ZIP:

#### Phone Email

Web address:

A participant in Nonprofit Capacity Building Program? Yes No

Is any member of your organization a graduate of ***Leadership Shiawassee***? Yes No

please identify:

**Type of Grant Requested**

**Nonprofit Capacity Building**

\_\_\_ Technical Assistance (Non-Partner)

\_\_\_ Infrastructure Development, including

 facilities, computers or other equipment

\_\_\_ Organization Development, including

 staffing, professional services, and/or

 materials

**Program Grant**

\_\_\_ New initiative

\_\_\_ Program Expansion

\_\_\_ Partnership (List Partners)

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**Project Summary**

Project Title:

Short Project Description:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Authorization**

 Signature, Board Chair Date

 Signature, Executive Director Date

**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 proposal that you are using for other funders, feel free to contact us to discuss using the alternate format***.**

**Please attach your proposal to Grant Application Signature(s) Page – (page 2).**

**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 1 to 5 project goals, with measurable objectives and key activities
* Identify whether this is a new or ongoing part of the sponsoring organization, and how

it aligns with the organization’s strategic plan.

* Timetable for implementation.
* Are the other partners in the project and what are their roles? (Include letters of

endorsement, if appropriate.)

* 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,

 planning the program, and evaluating results.

* 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; how will the

program/project align with, expand, or add to these current efforts.

* Describe the tools, policies and practices your organization utilizes to ensure your

 financial resources are safeguarded.

 **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, government entities 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.

**Project Budget**

Applicant Organization:

Project Title:

Organizational Fiscal Year:

**Project** **Expenses:**

 Requested from CFF: Project Total:

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) $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

**Total Expenses**  **$\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_**

**Project Revenue:**

 Committed Anticipated/Pending

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) $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

 **Total Revenue $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_**

**Notes:**