

Submission Guidelines

Before you apply:

- Please visit 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:

Kerry Dutcher
Associate Director
Cook Family Foundation
PO Box 278
Owosso, MI 48867

- Materials may be sent via email (PDF format preferred) to kerry@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

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)

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 the Grant Application Signature(s) Page – (page 2).

A. Program Narrative (not to exceed five pages, min. 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:

	<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)	\$ _____	\$ _____
Total Expenses	\$ _____	\$ _____

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)	\$ _____	\$ _____
Total Revenue	\$ _____	\$ _____

Notes: