

Community Foundation of Northwest Mississippi Grant Application for Place-Based Education & Civic Entrepreneurship

Please provide the following information:

1. Legal Name of Organization: _____
2. Mailing address: _____
3. Phone: _____ Fax: _____
4. E-mail: _____ Website: _____
5. Grant contact person: _____
6. Grant contact phone, fax, email (if different from above): _____

7. Program name: _____
8. Purpose of Grant for Place-based Education & Civic Entrepreneurship (one sentence): _____

9. Amount requested: \$ _____ Total Program Cost: \$ _____
(Grants from \$2,000 to \$10,000)

10. Counties served by your organization:

- Coahoma
- DeSoto
- Marshall
- Panola
- Quitman
- Tallahatchie
- Tate
- Tunica

9. Have you previously applied for a grant from the Community Foundation of Northwest Mississippi?

- Yes _____ (If yes, when? _____) No _____

Signature, Chairperson, Board of Directors *Date* *Printed Name*

Signature, Executive Director *Date* *Printed Name*

Description of Program for which grant is sought:

Please provide the following information in this order and with the headings as listed.

Please limit your description to **no more than three pages**, not including Grant Budget Forms and Attachments.

1. SUMMARY:

- ❑ Briefly describe your organization's history and mission.
- ❑ Briefly describe your organization's programs, activities and accomplishments. Have you had any experience in Place-based Education and/or Civic Entrepreneurship programs?
- ❑ Explain why your organization is requesting this grant, what outcomes you plan to achieve and how you will spend the funds if the grant is made.

2. PURPOSE OF GRANT:

- a. State the needs and opportunities as well as the target population to be addressed
- b. Describe how people in the target population will benefit and numbers you anticipate reaching
- c. List the grant's goals, measurable objectives and action plans and tell whether this program is a new or ongoing part of your organization
- d. Give your timetable for implementation
- e. Describe availability or potential for matching funds as well as other partners in the program and their roles
- f. List similar programs in your region, if any, and explain your program's relationship to them
- g. Give the qualifications of key people who will ensure this program's success
- h. Give long-term strategies for funding this program after the grant period
- i. Describe ways this grant will raise your organization's visibility and increase its capacity

3. EVALUATION

Describe plans for evaluation of the program including how success will defined and measured.

4. BUDGET (Complete and attach the Grant Budget Form)

List of priority items in the Grant Budget Form, in case the Community Foundation is unable to meet your full request

GRANT BUDGET FORM: *(Please provide the program budget in the format and order as listed below.)*

Organization's fiscal year: _____

Time period covered by this budget: _____ to _____

REVENUE: include a description and the total revenue expected for each budget category for this program. Please indicate which sources of revenue are committed and which are pending.

	Committed	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	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
TOTAL REVENUE	\$ _____	\$ _____

EXPENSES: Include a description and the total expenses for each of the following budget categories.

	Amount requested from Community Foundation	Total project expense
Salaries	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____
Consultant/profession fees	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Printing/Copying	\$ _____	\$ _____
Telephone/Fax	\$ _____	\$ _____
Postage and Delivery	\$ _____	\$ _____
Rent	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Evaluation	\$ _____	\$ _____
Marketing	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
TOTAL EXPENSES	\$ _____	\$ _____

Attachments

1. A copy of the current IRS determination letter indicating 501(c)3 tax-exempt status
2. A copy of the current Certification of Registration as a charitable organization with the Mississippi Secretary of State
3. A copy of the most recently filed IRS Form 990 (if you do not file Form 990, then a copy of most recent annual financial statement)
4. A list of governing board members with occupations and contact information

Grants Process

Please submit only one copy of your proposal, stapled (not bound) to:

Peggy Linton

Community Foundation of Northwest Mississippi

315 Loshier Street Suite 100

Hernando, MS 38632

plinton@cfnm.org or fax 662.449.5006

DEADLINE; October 22, 2010 5 PM