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| **COMMUNITY GRANT APPLICATION** |
| **Part 1: Organization Information** |
| Organization Name:  |
| Address: |  Street Address City State Zip Code |
| Contact Person: | Primary Phone: |
| Email: | Secondary Phone: |
| **Part 2: Grant Request Information** |
| Project Name: |
| Dollar Amount Requested from MACFI:  |
| Dates of Project: | Reason funding needed: |
| Program Areas Addressed (check all that apply) |
| [ ] Education [ ] Recreation [ ] Art [ ] Conservation [ ] Community Enrichment [ ] Women/Children [ ] Senior Citizens |
| Is this project within the MACFI service area? Identify areas grant will serve:  |
| Has MACFI previously funded this or a similar project? [ ] Yes [ ] No If Yes, When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount: $\_\_\_\_\_\_\_\_\_\_\_\_  |
| Project Expenses/Revenue“Project Budget” does not mean the entire annual budget of the organization. It means the total budget necessary to fund the project identified in this application. In some cases, that budget may be greater than the amount requested from MACFI in this application. \* Note that grants are unable to cover personnel costs.  |
| Total Project Expenses: $ \_\_\_\_\_\_\_\_\_\_\_ Summary of expenses include: | Total Project Revenues: $ \_\_\_\_\_\_\_\_\_\_\_ Summary of revenues include: |

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| **Part 3: Narrative****Provide the following information on no more than two typed pages** |
| 1. Describe the project in detail and what the monies will support.
2. Describe how the project responds to a community need or provides a needed service.
3. If the project has multiple revenue sources, describe specifically how the MACFI grant funds will be used.
4. Describe how the project demonstrates cooperation among other agencies and minimizes duplication.
5. Describe the results expected to be achieved by the end of the project, and how you will evaluate its success.
6. Describe the impact on the project if a grant for a lesser amount is approved.
7. Explain whether this is a one-time only or an on-going project. If on-going, please indicate anticipated sources of future funding and outcomes.
8. Please describe how this grant will acknowledge MACFI.
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| **Part 4: Supporting Attachments****Submit one copy of the following documents in support of your application** |
| 1. Names and titles of Board of Directors (or other individuals with governing oversight).
2. Copy of your 501 (c)3 (if applicable).
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