



GRAND HAVEN SCHOOLS FOUNDATION

GRANT APPLICATION PROCESS AND INSTRUCTIONS

1. Please review the Grand Haven Schools Foundation's ("GHSF") Grant Making Considerations and Criteria before completing the grant application.
2. Please submit three (3) copies of the following:
 - Signed Grant Application Cover Sheet.
 - Supplemental Grant Application Information Sheet.
 - Completed Grant Project Budget Format.
3. Please submit one (1) copy of the following (or if unavailable so indicate):
 - IRS 501(c)3 determination letter for applicant organization.
 - Annual financial statement or annual report for applicant organization.
 - Brochures or other descriptive materials of applicant organization and/or program.
4. Submit grant application and all attachments and supporting materials to:

Superintendent of Schools
Grand Haven Area Public Schools
1415 Beechtree Street
Grand Haven, MI 49417



GRAND HAVEN SCHOOLS FOUNDATION

Grant Application Cover Sheet

Date of application: _____

Legal name of organization applying: _____

Year founded: _____ Current operating budget: \$ _____

Executive Director: _____ Phone no.: _____

Contact person/title/phone number (if different from Executive Director): _____

Address of organization: _____

City/State/Zip: _____

Fax no.: _____ E-mail address: _____

List any previous support from the Grand Haven Schools Foundation in the last 5 years: _____

Current project name: _____

Purpose of the grant (one sentence): _____

Amount requested: \$ _____ Total project cost: \$ _____

Date of the project: _____ Geographic area served: _____

Printed name

Signature, Chairperson, Board of Directors

Dated: _____

Printed name

Signature, Executive Director

Dated: _____



GRAND HAVEN SCHOOLS FOUNDATION

Supplemental Grant Application Information Sheet

(Attach additional sheet(s) if necessary.)

1. **Grant Purpose.** (Describe program and its objectives. State desired outcomes. Explain intended use and timing of fund expenditures [if grant is made].): _____

2. **Need.** (Explain need for program in area. Identify similar existing programs [if any] and describe program differences. Describe proposed cooperative efforts [if any].): _____

3. **Proposal Fit.** (State how program complies with the Mission, Focus and Criteria of the Grand Haven Schools Foundation. See GHSF’s Grant Making Considerations and Criteria.): _____

4. **Population Served.** (Describe the population served by program, including approximate number of people served.): _____

5. **Budget and Funding Information.** (In addition to the attached Grant Project Budget Format, please specify applicant organization’s annual operating budget, identify other sources of funding, etc.): _____

6. **Organization Information.** (Describe grant applicant organization, its history, mission, programs, etc. List applicant organization’s current trustees, directors or governing board.): _____

7. **Non-Discrimination Certification.** This is to certify that the grant applicant organization does not, and will not, engage in any prohibited discrimination, in employment, membership, programs or services, on the basis of race, color, national origin, gender, religion, age, disability, height, weight, marital status or other prohibited factor.

(Signature)

(Title)

(Date)



GRANT PROJECT BUDGET FORMAT

Below is a listing of standard budget items. Please provide the project budget in this format and in this order.

- A. Organizational fiscal year: _____
- B. Time period this budget covers: _____
- C. **Expenses:** Include a description and the total amount for each of the following budget categories, in this order:

	Amount requested from GHSF	Total project expenses
1. Salaries (specify number of full-time equivalents)	\$ _____	\$ _____
2. Payroll Taxes	\$ _____	\$ _____
3. Fringe Benefits	\$ _____	\$ _____
4. Consultants and Professional Fees	\$ _____	\$ _____
5. Insurance	\$ _____	\$ _____
6. Travel	\$ _____	\$ _____
7. Equipment	\$ _____	\$ _____
8. Supplies	\$ _____	\$ _____
9. Printing and Copying	\$ _____	\$ _____
10. Telephone and Fax	\$ _____	\$ _____
11. Postage and Delivery	\$ _____	\$ _____
12. Rent	\$ _____	\$ _____
13. Utilities	\$ _____	\$ _____
14. Maintenance	\$ _____	\$ _____
15. Evaluation	\$ _____	\$ _____
16. Marketing	\$ _____	\$ _____
17. Other (Specify)	\$ _____	\$ _____
	Total GHSF Request:	*Total Project Expenses:
	\$ _____	\$ _____

- D. **Revenue:** Include a description and the total amount for each of the following budget categories, in this order. Please indicate which sources of revenue are committed and which are pending:

	<u>Committed</u>	<u>Pending</u>	
1. Grant/Contracts/Contributions			
a. Local Government	\$ _____	\$ _____	
b. State Government	\$ _____	\$ _____	
c. Federal Government	\$ _____	\$ _____	
d. Foundations (itemize)	\$ _____	\$ _____	
e. Corporations (itemize)	\$ _____	\$ _____	
f. Individuals	\$ _____	\$ _____	
g. Other (specify)	\$ _____	\$ _____	
2. Earned Income			
a. Events/Fees	\$ _____	\$ _____	
b. Publications and Products	\$ _____	\$ _____	
3. Membership Income	\$ _____	\$ _____	
4. In-Kind Support	\$ _____	\$ _____	
5. Other (specify)	\$ _____	\$ _____	
6. Total Revenue	\$ _____	\$ _____	\$ _____
	Total Committed	+ Total Pending	= *TotalProject Revenue

***Total Expenses from Section C and Total Revenue from Section D on this page must be equal.**