



Jackson
 community foundation
 For good. For ever.™

Application Date: _____

Your Federal Tax ID #: _____

2011 COMMUNITY PARTNER GRANT APPLICATION
(Unrestricted Grants Under \$5,000)
Strategic Focus: Education

Name of Applicant/Organization: _____

Address: _____

Contact Person Name and Title: _____

Phone Number: _____ **FAX Number:** _____

Email Address: _____

Title of Proposal: _____

Amount Requested: _____ **Will you accept partial funding?** Yes No

Qualified projects and programs must support one or more of the following. Please indicate the area(s) that your initiative supports. You must be able to justify your selection within your proposal.

College Readiness

- High school programs supporting student achievement and success
- Implementation of proven programs
- Tutoring to improve aptitude in reading, math, or science
- Enrichment or extracurricular initiatives related to academic success
- School credit recovery, i.e. summer school or online programs

Post Secondary Access

- Financial planning related to post secondary attainment
- Navigating the college application process
- Career/College planning and research
- GED Attainment
- Childcare support

Family and Student Support Related to High School and Post Secondary Achievement

- Mentoring- parental or student support to foster education attainment
- Mental/social health
- Teen mentoring and pregnancy prevention
- Truancy issues

Does your organization have 501(c)3 nonprofit status? Yes No

Have you read and understood JCF's "Unrestricted Grantmaking Policies?" Yes No

Authorization:

Signature, Executive Director

Date

Typed Name and Title

Executive Director Email Address: _____

Executive Director Phone Number: _____

**Forward 15 unbound, single sided, three hole punched copies
of this grant application to:**

Jackson Community Foundation
Dana Emerson, Grant and Scholarship Coordinator
One Jackson Square, Suite 308
Jackson, MI 49201
(517) 787-1321 ~ Fax (517) 787-4333

Grant Deadline	Award Notification
September 15, 2011 by 5:00 pm	Mid-November



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**2011 COMMUNITY PARTNER GRANT NARRATIVE
(Unrestricted Grants Under \$5,000)
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1. **What is the proposed time frame for the project?**

2. **Summary:** In less than 100 words summarize your proposal. (If funded, this will be used for media releases, etc.)

3. Please use the following format to describe the issue you wish to address with this proposal, **limiting the description to two additional pages or less:**
 - a. **What is the issue and/or need that you will address?**

 - b. **How will you address the issue/need?**

 - c. **What will be accomplished through this project?**

 - d. **How do you plan to evaluate your success?**

 - e. **If your grant is an ongoing program or activity, how will funding be secured for continuation?**

4. **Attachments-Include with all 15 copies:**
 - a. **Budget**
 - i. Attach a project budget including other funding sources. Specify the amount of your overall annual operating budget. See attached format.
 - ii. Attach a copy of your Annual Operating Budget, or a Statement of Financial Position.

 - b. **Letters of support** (Include one copy with original application package)
 - i. 1 required, not more than 2 accepted
 - ii. When selecting a constituent to submit a letter of support choose someone who will be able to 'highlight the best qualities' of your proposal.

5. **Attachments-Include one copy with original application packet only:**
 - i. Most recent Annual Audit or form 990, if appropriate
 - ii. Agency Conflict of Interest Policy for board members
 - iii. **List of board members including name, title, and number of years on the board. Include contact information for the Board Chair.**
 - iv. Up-to-date Charitable Solicitation License



BUDGET - GRANTS UNDER \$5,000

Please provide the project budget in this format and in this order:

- A. Organization's fiscal year: _____
- B. Time period this budget covers: _____
- C. **Expenses:** Include the total amount for each of the following budget categories. Please be as specific as possible. Include expenses that will be covered by sources other than the Community Foundation. Total project expenses should be equal to the total project income. Use the first column to describe the budgeted item, the second column to enter the dollar amount requested from JCF, and the third column to indicate the total dollar amount budgeted for a specific item.

Expenses (Salaries, supplies, etc.)	Amount requested from JCF	Total project expenses
Total:	\$0.00	\$0.00

- D. **Revenue:** Include the total amount for each of the following budget categories. The Summary of Project Income can include fundraisers, in-kind contributions, grants, etc. Then indicate the amount of income from each of the sources, and whether they are committed or pending.

Summary of Project Income	Amount Committed	Amount Pending
Total Revenue	\$0.00	\$0.00