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PO Box 4802

East Lansing, MI 48823

**Grant Application Form**

**Teacher scholarship/grant requests need NOT respond to asterisk (\*) lines**

**Cover Sheet**

Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main Contact for Proposal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Organization’s Mission Statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Request: (Check One)**

⃝ Program Support ⃝ Scholarship ⃝Capital Project ⃝Other: (Describe)

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposal Summary: (100 words or less summarize the purpose of this request.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Period Timeline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Project Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Organization’s Annual Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Geographic Area Served:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Funding Source Secured for Project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

**Narrative**

**Please provide the following information in this order in no more than three pages.**

1. What are needs or problems that will be addressed by this project? Why is this issue important?
2. Who will be served by this grant? How many will be served?
3. What are your project goals?
4. What activities do you intend to engage in or provide to achieve the goals?
5. What is your timeline for implementing this grant?
6. Who are key staff members, board members or volunteers who will ensure the success of the project and what are their qualifications?
7. \*Brief summary of organization history.
8. \*Brief description of organizational current programs, activities, number served annually, recent accomplishments.
9. \*Identify three strengths your organization brings to this project?
10. \*How does this request fit into your organization’s long-term goals?
11. \*What is the long-term funding plan once funding from this grant is no longer available?
12. \*How will you measure the success of the project? Describe the measurement tools you will use.

**Budget**

**Expenses**- Include a brief description and the total amount for each of the following budget categories.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Calculation** | **Grant Amount Requested** | **Total Project Expenses** |
| Travel (including busing) |  | $ | $ |
| Equipment |  | $ | $ |
| Supplies |  | $ | $ |
| Scholarship |  | $ | $ |
| \* Consultations/Professional Fees |  | $ | $ |
| \* Insurance |  | $ | $ |
| \* Salaries |  | $ | $ |
| \* Payroll Taxes |  | $ | $ |
| \* Fringe Benefits |  | $ | $ |
| \* Printing/Copying |  | $ | $ |
| \* Telephone |  | $ | $ |
| \* Postage/Delivery |  | $ | $ |
| \* Rent |  | $ | $ |
| \* Utilities |  | $ | $ |
| \* Maintenance |  | $ | $ |
| \* Evaluation |  | $ | $ |
| \* Marketing |  | $ | $ |
| Other (specify) |  | $ | $ |
| **Totals** |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Description** | **Committed** | **Pending** |
| Individuals (itemize) |  | $ | $ |
| Events |  | $ | $ |
| Class/school fundraising |  | $ | $ |
| \* Grants (local, state, federal, foundations) |  | $ | $ |
| \* Corporations (itemize) |  | $ | $ |
| \* Membership Income |  | $ | $ |
| \* In-Kind Support |  | $ | $ |
| Other (specify) |  | $ | $ |
| **Total Revenue** |  | $ | $ |