



FIRST FEDERAL OF NORTHERN MICHIGAN
Legacy Foundation

Common Grant Application Checklist for grant request up to \$2,000

The First Federal of Northern Michigan Legacy Foundation welcomes your grant application. Please use the following checklist to assist you in completing your proposal:

- Look over the information in the General Information section to find answers to questions about eligibility, deadlines, amounts available, and other frequently asked questions about available funds.
- Complete the Common Grant Application. If you reproduce this form on your computer, be sure to include all of the information in the recommended format.
- Complete the Project Overview answering the questions in the order given. Information should not exceed three numbered pages. Use the two-page mini-grant application to apply for grants of \$500 or less.
- Complete the Budget and attach a Budget Narrative to explain the project budget in greater detail. Be sure to list any additional funding sources for your project.
- The Grant Application, Project Overview, Budget, and Budget Narrative should not exceed a total of 6 (six) pages. (Attachments should include 501(c)(3) documentation and Board of Directors).
- Do not include additional materials unless specifically requested in the attachments. Report covers, folders, binders, and excess information are unnecessary and are usually removed before applications are reviewed.
- Be sure to secure the appropriate signatures from your organization (i.e., executive director or person in charge of the organization) before your proposal is submitted.

The First Federal of Northern Michigan Legacy Foundation considers grant applications at the quarterly meetings. An original application should be submitted to the Foundation via mail at P.O. Box 476 Alpena, Michigan, 49707, ATTN: Michael Mahler, Foundation President, by the first regular workday of the month in which the quarterly meeting is scheduled (March, June, September and December).

FFNM Legacy Foundation Guidelines to Developing a Proposal

About Your Organization

- Your organization must provide benefits to those within the geographic area of Alcona, Alpena, Antrim, Cheboygan, Charlevoix, Crawford, Emmet, Iosco, Kalkaska, Montmorency, Ogemaw, Oscoda, Otsego & Presque Isle counties.
- Your organization must be recognized as a non-profit charitable organization under section 501(c)(3) of the Internal Revenue Service code. (Schools and government agencies are also eligible. Grants to religious organizations will be considered only if they serve the general public and do not have religious overtones of a sectarian nature.) Proof of non-profit status is required for auditing purposes.
- No grants are made to individuals.

About Your Project

- Grants are for future projects only. No funding will be given for projects completed before final board approval. Board approval is usually within six weeks of the grant deadlines.
- Grants are not made for routine operating needs or budget deficits.
- Proposals seeking “seed money” for projects that are new, dynamic, and that show funding support from additional organizations, are given stronger consideration.
- The FFNM Legacy Foundation discourages repeated applications for sustained funding of programs.

About Funds Available

- Applicants may submit requests up to a maximum of \$2,000 per semi-annual application cycle.
- Mini-grants up to \$500 are available. (Use Mini-Grant application.)
- For accounting purposes, all allocated funds are disbursed upon receipt of documentation of the expenditures.

About Deadlines

- Grant applications are reviewed quarterly.
- Applications must be completed and submitted to the FFNM Legacy Foundation by the first regular workday of the month in which the quarterly meeting is scheduled (March, June, September and December).
- Grants are normally paid within one year of approval. If necessary, project expenditures may be extended into the next year. This extension must be requested in writing.

About Allocation Decisions

- All allocation recommendations are made by the FFNM Legacy Foundation board members.

FFNM Legacy Foundation Common Grant Application Format

Please submit your application using the following format:

A. COMMON GRANT APPLICATION

B. PROJECT OVERVIEW (3 pages)

- Briefly respond to 9 (nine) questions about your organization and project. Limit this information to 3 (three) numbered pages.

C. BUDGET AND BUDGET NARRATIVE (2 pages)

- Use the Grant Budget Form attached to this application. (A sample budget is provided.)
- On a separate sheet, show how each budget item relates to the project and how the budgeted amount was calculated.
- List amounts requested of other foundations, corporations, and other funding sources.
- Indicate priority items in the proposed grant budget in the event that FFNM Legacy Foundation is unable to meet your full request.

D. ATTACHMENTS

- Provide a copy of the current IRS determination letter indicating 501 (c)(3) tax-exempt status.
- List the current Board of Directors.
- NOTE: The FFNM Legacy Foundation needs a current 501 (c)(3) IRS determination letter on file. If this letter has been provided on previous applications, please indicate "ON FILE AT FFNM Legacy Foundation" in your application. Changes in the list of the Board of Directors must be submitted with each subsequent proposal. If necessary, additional documentation may be requested.
- No other attachments are required; however, if necessary, additional documentation may be requested.

The First Federal of Northern Michigan Legacy Foundation

Common Grant Application

DATE OF APPLICATION: _____

LEGAL NAME OF ORGANIZATION APPLYING: _____

(NAME ON IRS NON-PROFIT DETERMINATION LETTER AND AS SUPPLIED ON IRS FORM 990)

CURRENT OPERATING BUDGET: \$ _____

EXECUTIVE DIRECTOR: _____ PHONE: _____

PROJECT CONTACT PERSON AND TITLE: _____

ADDRESS FOR PRIMARY CORRESPONDENCE: _____

CITY/STATE/ZIP: _____ PHONE: _____

E-MAIL: _____

FAX: _____

PROJECT NAME: _____

PURPOSE OF GRANT(ONE SENTENCE):

AMOUNT REQUESTED: _____

COUNTY/GEOGRAPHIC AREA SERVED: _____

SIGNATURE, PROJECT CONTACT PERSON

PRINTED NAME AND TITLE DATE

SIGNATURE, EXECUTIVE DIRECTOR (PERSON RESPONSIBLE FOR ORGANIZATION)

PRINTED NAME AND TITLE DATE

501(C)(3) DETERMINATION LETTER (PLEASE CHECK ONE)

ATTACHED TO THIS APPLICATION

ON FILE WITH FFNM LEGACY FOUNDATION OFFICE

5. If applicable, explain how your project involves volunteers.

6. Will the grant act as “seed money”? Is there a plan for permanent funding after the grant is used?

7. How does the project help a segment of the citizenry who are not now being served adequately?

8. How will your project be funded? List other sources of funds and specify any other organizations working with you on this project.

9. Describe your evaluation plan and specify success measures.

A COMPLETE FFNM LEGACY FOUNDATION GRANT APPLICATION INCLUDES THE FOLLOWING:

- Common Grant Application (with appropriate signatures)
- Project Overview (maximum of three numbered pages)
- Budget
- Budget Narrative (explanation of how budget items were calculated)
- 501 (c)(3) determination letter
- List of the current Board of Directors
- If necessary, additional documentation may be requested.

FFNM LEGACY FOUNDATION Grant Budget

Time period of this budget: From: _____ To: _____

Indicate only the EXPENSES that apply to your project.

Project Expense	Total Requested from Foundation in this Application (\$2000 Max)	Total Expenses for this Project	
Salaries			
Payroll Taxes			
Fringe Benefits			
Consultant and Prof. Fees			
Insurance			
Travel			
Equipment			
Supplies			
Printing and Copying			
Telephone and Fax			
Postage and Delivery			
Rent			
Utilities			
Maintenance			
Evaluation			
Marketing			
Other (specify)			
			TOTAL EXPENSES:
TOTALS			

Indicate the REVENUE that applies to your project. (Use additional pages if necessary.)

Revenue	Committed (Project revenue that has been promised)	Pending (Project revenue that has not been confirmed)	
Grant/Contracts/Contributions			
Local Government			
State Government			
Federal Government			
Foundations			
Corporations			
Equipment			
Individuals			
Other (Specify)			
Earned Income			
Events, Publications, and Products			
Membership Income			
In-Kind Support			
Other (Specify)			
			TOTAL EXPENSES:
TOTALS			

SAMPLE Budget

Time period of this budget: From: _____ To: _____

Indicate only the EXPENSES that apply to your project.

Project Expense	Total Requested from Foundation in this Application (\$2000 Maximum)	Total Expenses for this Project	
Salaries		\$8,300	
Payroll Taxes			
Fringe Benefits			
Consultant and Prof. Fees			
Insurance			
Travel	\$100	\$800	
Equipment			
Supplies		\$160	
Printing and Copying	\$50	\$335	
Telephone and Fax		\$20	
Postage and Delivery	\$100	\$305	
Rent			
Utilities			
Maintenance			
Evaluation			
Marketing			
Other (specify)	\$250	\$920	
			TOTAL EXPENSES:
TOTALS	\$500	\$10,840	\$10,840

Indicate the REVENUE that applies to your project. (Use additional pages if necessary.)

Revenue	Committed (Project revenue that has been promised)	Pending (Project revenue that has not been confirmed)	
Grant/Contracts/Contributions			
Local Government			
State Government	\$2,300		
Federal Government			
Foundations		\$2,000	
Corporations		\$1,025	
Equipment		\$1,355	
Individuals		\$1,310	
Other (Specify)			
Earned Income			
Events, Publications, and Products		\$2,550	
Membership Income			
In-Kind Support			
Other (Specify)		\$300	
			TOTAL EXPENSES:
TOTALS	\$2,300	\$8,540	\$10,840

The TOTAL PROJECT EXPENSES should EQUAL the TOTAL COMBINED REVENUE.