

UPLIFT OUR YOUTH FOUNDATION

2019 GRANT APPLICATION

APPLICATIONS MUST FOLLOW ALL INSTRUCTIONS TO BE CONSIDERED FOR FUNDING.

Answer all questions using the blanks provided; "see attached" is not acceptable. You may prepare your Application on this form or, if you prefer, with your word-processing program, but it MUST follow the order outlined in this Grant Application form, using the same headings, numbers, and page breaks indicated, to assist those reviewing the proposals. This form may be photocopied.

If you are not a 501(c)(3) nonprofit organization, you must apply through a nonprofit that is classified by the IRS as a 501(c)(3) organization, that agrees to act as your Fiscal Agent (see bottom of page 1 for Fiscal Agent requirements).

Date of Application: _____

Grant Request From: _____
Legal Name of Organization

Address: _____

City: _____ **County:** _____ **State & Zip:** _____

Telephone: _____ **FAX:** _____ **Email:** _____

Head Person or Authorizing Agent: _____
Name and Title

Contact Person (Name, Title, Address, and Telephone) if different from above:

Amount Requested: \$ _____
Date Organization Established

Project Name: _____

Does applicant Organization have federal **tax-exempt status** under Section 501(c) (3) of the Internal Revenue Code?
Yes _____ No _____ (If yes, attach copy of IRS ruling letter to original Application.)

If you are a Nonprofit Organization without 501(c) (3) status, please check here: _____

If applying as a Nonprofit Organization without 501(c)(3) status, please state **Fiscal Agent's** name, its contact person's name and title, address, telephone and fax: (Attach Fiscal Agent's endorsement on its letterhead for the purpose of this grant request, its agreement to manage any grant monies awarded, acceptance of legal responsibility for ensuring the charitable nature of the funded project, for accountability of the project, and agreement to communicate directly with the Community Foundation for provisions of reports and correspondence as outlined in contractual documents.)

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Are you requesting funds for a **new program**? Yes _____ No _____; or existing **program** Yes _____ No _____

Will this grant from the Uplift Our Youth Foundation help meet a required match? Yes _____ No _____
If yes, by whom?

List all **previous grants** you have received from the Uplift Our Youth Foundation within the last five years:

<u>Purpose/Project</u>	<u>Amount</u>	<u>Date</u>
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Grant Purpose **Synopsis** (40 words or less):

Approximate number of people to be served in the tri-county (Ingham, Clinton and Eaton Counties) by project or program: _____, and **age or age range to be served**: _____

Geographic area served by project/program: _____

Beginning and ending **dates of project/program**: _____

Date(s) the grant funds would be needed: _____

Total Project Cost: \$ _____ **Amount Requested**: \$ _____

In the event we are unable to fund your full request, please indicate **priority item(s)** and dollar amount for same: _____, \$ _____

List the **General Objectives/Mission** of the Organization including number of children it serves:

Number of full-time **employees**: _____ Part-time employees: _____ Volunteers: _____

Will this grant involve additional employees? Yes _____ No _____ If yes, how many? _____

How do you substantiate **community youth need** for this project/program?

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Signatures of Two Authorized Agents--for example: Applicant's Head of Organization (Chair, President, etc.) and Head of Staff (Executive Director, CEO, etc.).

Signature
Typed Name and Title: _____ Date: _____

Signature
Typed Name and Title: _____ Date: _____

NARRATIVE

Please provide the following information in the order asked, using these headings, subheadings and numbers. The Narrative must **not exceed three pages** (one side counts for one page), may be single-spaced in not less than 11-point font size. *Applications not following instructions or proper order/format may not be considered.*

1. Purpose of Grant
 - a. Statement of needs/problems to be addressed, description of target population and how it will benefit.
 - b. Description of project goals and objectives for youth and/or children of need.
 - c. Plans to accomplish goals and objectives.
 - d. Timetable for implementation.
 - e. Who are the other partners in the project, if any, and what are their roles?
 - f. List similar existing projects or agencies, if any, and explain how your agency or program differs, and any efforts to work cooperatively.
 - g. List name, title and qualifications of key staff and volunteers and how their qualifications will ensure the success of the program.
 - h. Describe any long-term strategies for funding this project at the end of the grant period.
2. Evaluation (If funded, the Foundation will supply an Evaluation form to be completed.)
 - a. Describe plans for evaluation including how success will be defined and measured.
 - b. Will a site visit be possible by Foundation representatives to view the project/program in progress? If yes, please give an idea as to when, where, what and with whom we can visit.
3. Visibility for Fund
 - a. What visibility could be given to the Uplift Our Youth Foundation, if a grant is awarded?
4. Budget (Actual line-item Budget may be separate from 3-page narrative. Indicate priority items on same.)
 - a. Line-item project/program budget including how the budgeted amount was calculated, and how the requested grant amount will be spent, if awarded.
 - b. List amounts requested from other foundations, corporations and other funding sources to which this proposal has been submitted, and their decision timelines.

ATTACHMENTS (Those applicable)

1. Copy of current IRS determination letter indicating 501(c) (3) tax-exempt status. (attach 1 to original Application, only)
2. List of Board Members, with affiliations. (attach 1 to each Application)
3. Applicant's current annual operating budget, including expenses and revenues. (attach 1 to each Application)
4. Most recent annual financial statement--independently audited, if available. (clip 1 to original Application, only)
5. Annual Report, if available. (clip 1 to original Application, only)
6. Optional: Up to three letters of support verifying project need, related information, and describing collaboration with other organizations. (if including, attach set to each Application--must arrive with Grant Application)

COPIES AND ORDER: The **original, plus 3 copies (4 total)** of your Application must be submitted, each set stapled once in the upper left-hand corner, including attachments (except audited statement and Annual Report may be paper clipped to original Application if too thick to staple), not in separate envelopes or folders.

Order of each packet: (1) Application, (2) Narrative, and (3) Attachments listed above. Please do not include other attachments, folders of information, cover letters, etc.; brevity is greatly appreciated.

DEADLINE: Applications must be mailed; email submissions will not be accepted. Applications must be **POSTMARKED** by 5:00 PM, Monday, September 16, 2019. All applicants will be notified by email of the Foundation's decision no later than Friday, September 27, 2019.

Mail the original and 3 copies to: **UPLIFT OUR YOUTH FOUNDATION**
P.O. Box 70099
Lansing, MI 48908

In fairness to applicants who meet the deadline, we will not accept late submissions--please do not call for an extension.

For those organizations that have been awarded grant(s) in previous years and are applying again, the Foundation will only consider those organizations that have submitted their reports from previous grants in a timely manner.

STAFF ASSISTANCE: If you would like to discuss a grant idea, verify qualification of your proposal or organization, or have any questions at all, please email or call Jeffrey Brown, jeff@upliftouryouthfoundation.org, 517.377.2442.

UPLIFT OUR YOUTH FOUNDATION

P.O. Box 70099
Lansing, MI 48908
www.upliftouryouthfoundation.org