CHARLEVOIX COUNTY COMMUNITY
FOUNDATION

Hestia Women's Giving Circle

GRANT APPLICATION COVER SHEET

Internet Form Instructions: Please complete this form and the Project Budget Reporting Form; then print, sign, and mail them to the CCCF office. [NOTE: These forms are not "submit-able" due to the need for signatures.]

Name of Organization: _____ Date: _____

Telephone: _____ Fax: _____ Email: _____

Contact Person: _____ Title: _____

Address: _____

Fiscal agent (if other than applicant): _____

Total Project Cost: _____ Amount requested from CCCF: _____

Project start and end dates: _____

One sentence description of your project:

_____

NARRATIVE: Please attach a brief proposal (up to 4 pages) describing:

1. ORGANIZATION	Brief history and purpose of your organization.
2. PROJECT SUMMARY	A short summary of the project/program for which you are requesting funds.
3. NEEDS STATEMENT	The need for and importance of the project. What factors contribute to the need?
4. PROJECT OBJECTIVES	State the objectives of the project in measurable terms. Please include the number of girls/women you will serve..
5. HESTIA MISSION	How will the project promote economic self-sufficiency and well being of women and girls in Charlevoix and Emmet Counties?
6. METHODS	What is your plan to accomplish the objectives? Include a timeline if appropriate.
7. EVALUATION PLAN	How will the progress and success of the project be measured?
8. PROJECT BUDGET	Complete the "**Project Budget Reporting Form**" as it relates to your proposal.
9. FUTURE FUNDING	How will the project be supported in the future?

ATTACHMENTS: One copy of each of the following attachments for your organization must be included:

- List of the governing board and its officers, including terms and lengths of terms.
- Copy of the IRS Determination Letter of 501(c)(3) status (or fiscal agent's letter)
- Most recent annual report
- Copy of the organization's current fiscal year operating budget
- Most recent financial audit

CHECKLIST:

- ☐ Discussion with foundation staff prior to completing and submitting application
- ☐ **One original set:** signed Grant Application Cover Sheet, Narrative, and Project Budget Reporting Form
- ☐ Email a copy of the narrative to **maureen@c3f.org**.
- ☐ **One copy** of all attachments

All requested materials must be received in the Foundation office by 4:00 P.M. on the deadline date of February 1, or the next business day following a weekend or holiday. Send to: CCCF, PO Box 718, East Jordan, MI 49727

OUR GOVERNING BOARD approves the submission of this grant request. I certify that the information contained herein is accurate to the best of my knowledge.

_____ _____

Authorized Signature (CEO or Board Chair/President) Date

_____

Print name and title

... then **CLICK HERE** for the Project Budget Reporting Form (PDF has fillable fields for typing).