



**Community Foundation of Northwest Mississippi
Early Childhood Education Grant Application**

Please provide the following information:

1. Legal Name of Organization: _____
2. Mailing Address: _____
3. Phone: _____ Fax: _____
4. E-mail: _____ Website: _____
5. Grant contact person: _____
6. Grant contact phone, fax, email (if different from above): _____

7. Program name: _____
8. Purpose of Grant (one sentence): _____

9. Amount requested: \$_____ Total Program Cost: \$_____

10. Counties served by your organization:

Bolivar	Marshall	Tallahatchie
Coahoma	Panola	Tate
DeSoto	Quitman	Tunica
Leflore	Sunflower	

11. Have you previously applied for a grant from the Community Foundation of Northwest Mississippi?

Yes If yes, when? _____ No

Signature, Chairperson, Board of Directors *Date* *Printed Name*

Signature, Executive Director *Date* *Printed Name*

Description of Program for which grant is sought:

Please provide the following information in this order and with the headings as listed. Please limit your description to **no more than three pages**, not including Grant Budget Forms and Attachments.

1. SUMMARY

- ❑ Briefly describe your organization's history and mission with early childhood education
- ❑ Briefly describe your organization's programs, activities and accomplishments in the area of early childhood education
- ❑ Explain why your organization is requesting this grant for early childhood education, what outcomes you plan to achieve, and how you will spend the funds if the grant is made
- ❑ Are you in an Excel By 5 community (certified or non-certified)?
If certified, how many years?
If non-certified, please state where the Coalition is in the process.

2. PURPOSE OF GRANT

- ❑ State the needs and opportunities as well as the target population to be addressed
- ❑ Describe how people in the target population will benefit and the estimated number of target population
- ❑ List the grant's goals, measurable objectives and action plans, and tell whether this program is a new or ongoing part of your organization
- ❑ Give your timetable for implementation
- ❑ Describe availability or potential for matching funds as well as other partners in the program and their roles
- ❑ List similar programs in your region, if any, and explain your program's relationship to them
- ❑ Give the qualifications of key people who will ensure this program's success
- ❑ Give long-term strategies for funding this program after the grant period
- ❑ Describe ways this grant will raise your organization's visibility and increase its capacity

3. EVALUATION

- ❑ Describe plans for evaluation of the program, including how success will be defined and measured
NOTE: As part of the Evaluation process, CFNM will be asking for numbers served/reached by race and age-range in the Progress and Final Reports. We will also be asking for stories concerning your grant.

4. BUDGET

- ❑ Complete and attach the Grant Budget Form
- ❑ List of priority items in the Grant Budget Form, in case the Community Foundation is unable to meet your full request
NOTE: If the grant request is for a specific project/program, please list only revenues and expenses items for the requested project or program. If the request is for general operating expenses, please include revenues and expenses for the organization.

GRANT BUDGET FORM

Please provide the program budget in the format and order as listed below. Both Revenue and Expenses MUST be included. Extra pages can be added.

Organization's fiscal year: _____
Time period covered by this budget: _____ to _____

REVENUE: Include a description and the total revenue expected for each budget category for this program. Please indicate which sources of revenue are committed and which are pending.

	Committed	Pending
Grants/contracts/contributions		
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations (itemize)	\$ _____	\$ _____
Corporations (itemize)	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
Earned Income		
Events	\$ _____	\$ _____
Publications and Products	\$ _____	\$ _____
Membership Income	\$ _____	\$ _____
In-kind support	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
TOTAL REVENUE	\$ _____	\$ _____

EXPENSES: Include a description and the total expenses for each of the following budget categories (pages can be added for the detailed budget).

	Amount requested from Community Foundation:	Total project expense:
Salaries	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____
Consultant/profession fees	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Printing/Copying	\$ _____	\$ _____
Telephone/Fax	\$ _____	\$ _____
Postage and Delivery	\$ _____	\$ _____
Rent	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Evaluation	\$ _____	\$ _____
Marketing	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
TOTAL EXPENSES	\$ _____	\$ _____

ATTACHMENTS:

- ❑ Copy of the current IRS determination letter indicating 501(c)3 tax-exempt status
 - ❑ Copy of the current Certification of Registration as a charitable organization with the Mississippi Secretary of State
 - ❑ Copy of the most recently filed IRS Form 990 (**if you do not file Form 990, then a copy of most recent annual financial statement**)
 - ❑ List of governing board members with occupations and contact information
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Grants Submittal Process:

Please submit only one copy of your proposal, stapled (not bound) to:

Peggy Linton
Community Foundation of Northwest Mississippi
315 Loshier Street, Suite 100
Hernando, MS 38632

OR

grants@cfnm.org

CFNM Grants Committee and CFNM Board meet quarterly

Deadlines to submit applications are:

- ❑ **November 1**
- ❑ **February 1**
- ❑ **May 1**
- ❑ **August 1**

***NOTE: If the application is faxed or emailed, you MUST mail the original Signature Page (cover sheet)**

