



Community Foundation of Northwest Mississippi Grant Application for the Endowment of the Future of Northwest Mississippi

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
Coahoma
DeSoto
Leflore

Marshall
Panola
Quitman
Sunflower

Tallahatchie
Tate
Tunica

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

Funding from the Endowment for the Future of Northwest Mississippi will provide support to nonprofit organizations in the 11-county region of the Foundation.

Focus Areas for Funding with Suggestions are listed below:

1. Health:

- Sustainable food systems such as: support for farmers' markets, community gardens, mobile food market, healthy-food convenience stores**

2. Active Living:

- Support communities for bike lanes (along with youth bike safety instructions), reducing 'park deserts', promote Joint Use Agreements**

3. Oral health for children/youth

4. Education / Youth:

- Cultural and Historical Education (including support for museums)**
- Public libraries for educational exhibits (traveling or permanent)**
- Youth Leadership programs**
- Arts Education**
- After school mentoring / tutoring programs**

NOTE: Funding operational expenses are not a priority with the Foundation.

To compose an application, please follow the instructions on the following page.

Please send all grant requests to:

grants@cfnm.org (mailing the original signature page)

OR

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

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
- ❑ Briefly describe your organization's programs, activities and accomplishments
- ❑ Explain why your organization is requesting this grant, what outcomes you plan to achieve, and how you will spend the funds if the grant is made

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
- ❑ Could this project be easily duplicated in other communities? If so, how?
- ❑ 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 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.

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 REQUIRE a Detailed Narrative – 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 (CFNM requested amount would be listed as 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)**