



# COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI GRANT APPLICATION

## APPLICANT INFORMATION:

Legal Name of Organization: \_\_\_\_\_

If approved, grant to be written to: \_\_\_\_\_

Program / Project Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Website: \_\_\_\_\_

Phone (work) \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Executive Director of Organization: \_\_\_\_\_

Grant contact person (if different from above): \_\_\_\_\_

Grant contact phone, fax, email (if different from above): \_\_\_\_\_

Are you a 501(c)3? If yes, please list your Tax ID Number: \_\_\_\_\_

If no, list the Fiscal Agent and Tax ID Number: \_\_\_\_\_

Is your group incorporated with the MS Secretary of State as a non-profit as a separate legal entity responsible for its own actions?  Yes  No

## PROJECT INFORMATION:

Total Project Budget: \$ \_\_\_\_\_ Grant Request Amount: \$ \_\_\_\_\_ Matching Funds: \$ \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Yes: Month: \_\_\_\_\_ Please list all years: \_\_\_\_\_  No

Counties served by your organization (please **X** in EACH county served):

- |                                  |                                    |                                       |
|----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bolívar | <input type="checkbox"/> Marshall  | <input type="checkbox"/> Tallahatchie |
| <input type="checkbox"/> Coahoma | <input type="checkbox"/> Panola    | <input type="checkbox"/> Tate         |
| <input type="checkbox"/> DeSoto  | <input type="checkbox"/> Quitman   | <input type="checkbox"/> Tunica       |
| <input type="checkbox"/> Leflore | <input type="checkbox"/> Sunflower | <input type="checkbox"/> Other: _____ |

**Certification:** I hereby affirm and certify that all information in this application for grant support is true and correct, and that I have the authority to submit this application on behalf of the above named applicant:

Printed Name, Title

Signature

Date



## APPLICATION PROCEDURE

To apply for funding from the Community Foundation of Northwest Mississippi:

1. **Complete ALL SECTIONS**
2. Please submit ONE COPY of all required attachments/your proposal, stapled (not bound) to: [grants@cfnm.org](mailto:grants@cfnm.org),  
OR mail to: **The Community Foundation of Northwest Mississippi, 315 Loshier Street, Suite 100, Hernando, MS 38632.**
3. **Grant Deadlines: February 1 | May 1 | August 1 | November 1**

## REQUIRED ATTACHMENTS

**Please submit required documents in the following order.**

1. Cover Letter.
2. Grant Applicant Information and Project Information from page 1.
3. Grant Application with headers that match the list on page 4.
4. Project Budget (form included on page 5 and 6).
5. List of governing board members with occupations, contact information, and if they make a financial contribution to your organization.
6. A copy of your current Certificate of Registration as a charitable organization with the Mississippi Secretary of State.
7. Copy of current IRS determination letter indicating 501(c)3 tax exempt status.
8. Copy of the most recently filed IRS Form 990 (if you do not file Form 990, then a copy of the most recent annual financial statement).

## RESTRICTIONS

Incomplete applications will not be considered and providing false information on an application is cause for denial.

## SELECTION PROCESS AND NOTIFICATION

Upon receipt of applications, the Community Foundation staff and the Grants Selection Committee members will conduct a thorough study of each application. Site visits may be scheduled. If the Grants Selection Committee determines that additional information is needed, applicants will be contacted.

All applicants will be notified by mail or e-mail regarding approval or denial of the grant application within approximately 30 days from the submission deadline. We regret that we cannot respond to calls in reference to application status.

If the Grants Selection Committee does not have adequate funding available to approve a particularly impressive application for a grant in one six-month period, it may elect to table the application for re-consideration in the subsequent six-month period. If this occurs, the applicant will be notified of that decision. Applicants should keep in mind that the Community Foundation receives many more requests than can be funded.



## GENERAL GUIDELINES

The Grants Selection Committee considers many factors including the extent to which each grant request addresses the criteria outlined in the funding guidelines for the Endowment for the Future of Northwest Mississippi. Additional criteria include whether the application:

- demonstrates foresight and careful planning for long-term impact
- articulates clear, measurable goals
- includes an evaluation plan by which goals are measured
- reflects appropriate racial, ethnic or religious diversity in governance, personnel, and population served
- reflects sufficient organizational and managerial capacity to carry out the project
- reflects collaboration with other people and or organizations
- Shows evidence of liability insurance (if appropriate)

## GRANT AGREEMENT

**By submitting an application, grant applicants are agreeing to the following:**

1. Funds received will be expended only for the purposes stated in the grant application and in accordance with section 501(c)(3), section 4945 and other applicable provisions of the Internal Revenue Code.
2. **At the conclusion of the grant period, a written FINAL REPORT describing the activities carried out and benefits to the community from the grant usage must be submitted to the Community Foundation.**
3. The Community Foundation may monitor and conduct an evaluation of operations under this grant, including requesting financial records related to the grant or applicant's tax status, which, if requested, should be provided in a timely manner.
4. The grant may be discontinued, modified or withheld if, in the Community Foundation's sole judgment, such action is necessary.
5. No funds from the Community Foundation may be used for propaganda purposes, to influence legislation, to influence the outcome of an election, or for direct or indirect use in a voter registration drive.
6. Any request for a change in purpose of use of grant funds must be submitted in writing to the Community Foundation and approved before said changes may take effect.
7. Any portion of grant funds not used in accordance with these terms must be returned to the Community Foundation.
8. Publicity around the grant award is encouraged. Any promotional materials, press releases, etc. produced in connection with or to publicize the funded program should note that it was funded in part or sponsored by the Community Foundation of Northwest Mississippi. It is suggested that the Community Foundation's logo be used in such publications, and we will be happy to supply the logo for your use.
9. Awardees must immediately notify the Community Foundation of any change in your organization's federal tax status or that of your fiscal agent during the time the funds are being spent.



## **COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI COMPETITIVE GRANT APPLICATION**

**Please include the headers and questions asked for each category (limit your application to 3 pages).**

**1. Cover Letter: Please provide a ONE PAGE Cover Letter / Summary of your project/program.**

**2. Narrative: *Include the following:***

- a) Summarize your organization's history, mission and goals.
- b) Give qualifications of key people who will ensure this program's success.
- c) Is this a new project or a continuation of an existing project?
- d) Describe availability or potential for matching funds as well as other partners in the program and their roles.

**3. Project Description / Purpose of Grant - Include the following:**

- a) Why is your organization requesting this grant? What are your goals and objectives?
- b) How do you plan to meet your goals?
- c) How will you spend the funds if the grant is approved? (please put details in budget description)?
- d) Describe long-term strategies (sustainability plan) for funding for this program and your organization.
- e) List similar programs in your region, if any, and explain your program's relationship to them.

**4. Budget: *Complete and attach the Grant Budget Form included in this packet.***

**NOTE: If the grant request is for a SPECIFIC PROJECT/PROGRAM, please list ONLY expenses and revenue items for the requested project or program. IF the request is for GENERAL OPERATING EXPENSES OF YOUR ORGANIZATION, please include expenses and revenues for your organization.**

**5. What is the Community Impact - Include the following:**

- a) Please identify the need or problem to be addressed.
- b) What is your target population (age, gender, etc.)?
- c) How many people will benefit from your program/project?
- d) How many hours will be given to the target audience?

**If selected, The Community Foundation will require a report that MUST INCLUDE the completion of goals, and a budget report showing how the grant was used.**



# GRANT BUDGET FORM

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

Organization's fiscal year: \_\_\_\_\_

Time period covered by this budget: \_\_\_\_\_ to \_\_\_\_\_

Please indicate is this budget for:  your program/project

OR for:  your nonprofit, civic organization's general operating expenses

**REVENUE:** include a description and the total revenue expected for each budget category for THE FUNDING THE GRANT WILL COVER ONLY. Please indicate which sources of revenue are committed and which are pending (CFNM requested amount would be listed as Pending).

	<u>Committed</u>	<u>Pending</u>
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)	\$ _____	\$ _____
<b>TOTAL REVENUE</b>	\$ _____	\$ _____



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

	<b>Amount requested from Community Foundation</b>	<b>Total project expenses</b>
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)	\$ _____	\$ _____
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>	<b>\$ _____</b>

