



Grant Application Checklist

The following items must accompany your grant application for full compliance of all requirements. Please submit the checklist with your application.

_____ Complete Grant Application

_____ Itemized project budget (p. 4)

_____ Signature (p. 5) of the president or director of the agency's governing body, with name, title and telephone number of the individual who may be able to provide additional information regarding your application.

_____ A copy of the agency's/organization's IRS federal tax exemption letter; 501(c)(3) status (Schools and government institutions are automatically exempt) (p. 5)

_____ Agency/club/organization current annual income and expense budget (i.e.: balance sheet, annual audit information) (p. 5)

_____ Approval by agency/organization's governing board/director approving the project. (i.e.: copy of the resolution or minutes, letter of approval, etc.) (p. 5)

_____ List of Officers/Board Members (p. 5)

_____ Checklist is attached to the front of grant application.

I ensure all required items are attached and grant application is complete.

Signature _____ Date _____

HILLSDALE COUNTY COMMUNITY FOUNDATION



YOUTH OPPORTUNITIES UNLIMITED THROUGHOUT HILLSDALE
GRANT APPLICATION

Please reproduce as needed

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Please type or print using black ink. Additional sheets may be added if necessary.
Please note: Youth members should fill out as much of the application as possible.

Date of Application: _____

Name of Organization (If a student organization, also provide name of school)

Applicant Organization Address _____

City _____ State _____ Zip _____

Organization Phone Number _____

Name of Project Leader (Youth) _____

Youth Project Leader Address _____

City _____ State _____ Zip _____

Phone Number _____

Name of Adult Sponsor _____

Title, if applicable _____

Address of Adult Sponsor _____

City _____ State _____ Zip _____

Phone Number _____

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YOUTH CAN MAKE A DIFFERENCE

PROJECT TITLE

What is the name of the project?

AMOUNT REQUESTED \$ _____

TOTAL PROJECT COST \$ _____

PROJECT GOAL

Does the project have a goal or mission statement? What do you hope to accomplish?

PROJECT DESCRIPTION

Describe the project, the way in which it will be carried out, how often it will be conducted, how many people will be served, and the location where the program is to be provided.

APPLICANT ORGANIZATION

Briefly describe the history of the applicant organization: when it was founded, where it is located, whom it serves, and the number of members.

PROJECT TEAM

Please list the names and telephone numbers of persons involved in planning the program. Please indicate those who are under 21 and give their ages. List the number and responsibilities of paid staff, if any, and volunteers who will be involved in the project; list any other organizations that will assist with the project.

EVALUATION

Please describe how you will determine whether you accomplished your purpose. Please note that if a grant is awarded, it will be necessary to submit a final report to the Y.O.U.T.H. Committee upon completion of the grant period.

REQUEST

Tell specifically how much money you are requesting and how this money will be used.

ADDITIONAL MATERIALS TO SUBMIT WITH APPLICATION

- _____ 1. Copy of Internal Revenue Service tax exemption letter confirming 501(c)(3) status.
- _____ 2. List of members of the organization's governing board and the frequency of meetings.
- _____ 3. Copy of the most current organizational budget.
- _____ 4. Letter of project approval from organization and board or school administrator.

CERTIFICATION

To the best of my knowledge and belief, statements in the attached application are true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant organization will comply with applicable laws, regulations, terms and conditions in effect at the time of grant.

I understand that the Foundation, in evaluating this grant application, may, if it deems appropriate, review any and all of the information submitted as part of this request with advisors of the Foundation's choosing.

Please provide signatures and contact information below as applicable to your organization:

_____ Signature of President or Executive Director	_____ Telephone Number	_____ Date
_____ Signature of Student Project Director	_____ Telephone Number	_____ Date
_____ Signature of Adult Advisor	_____ Telephone Number	_____ Date
_____ Signature of Adult Director or Principal	_____ Telephone Number	_____ Date
_____ Signature of Superintendent	_____ Telephone Number	_____ Date

**If application is submitted by a school, the adult director verifies by signing this application that the applicant is a registered student organization and that the school will act as fiscal agent for any monies awarded.*

Submit completed application to:
 Hillsdale County Community Foundation YOUTH
 P.O. Box 276
 Hillsdale, MI 49242
 phone: (517)439-5101
 fax: (517)439-5109

Application Deadlines:
 May 1st for decision in June
 November 1st for decision in December

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