

How to Submit an Application

1. COMPLETE THE APPLICATION

When writing your proposal, please keep in mind it will be reviewed by people who may not be familiar with your project or your agency, so be sure your application fully explains your program and what you hope to accomplish. Please be as clear, complete and concise as possible. Use the headings provided.

Answer ALL the following questions:

I. **GRANT APPLICATION COVER FORM** (1 page)

Please be sure to complete our "Grant Application Cover Form" provided. All questions should be answered to the best of your ability. Be sure to include the signatures of your organization's chief executive officer and board chair prior to submission.

II. **PROGRAM NARRATIVE** (5 pages or less)

A. **Statement of Purpose:** What is the purpose of your project and what community issue(s) does it address? Document the need for your project. Is this a new project for your agency? Is this a new project in your community?

B. **Project Impact:** Describe the expected impact of your project. Who will benefit from the project? Estimate the number of people to be served. Define them demographically (income, race, age, sex, etc.).

C. **Implementation/Timeline:** Specify the activities to be undertaken and the timeline for their implementation. Please note that you will receive notification of the results of your application two months after the deadline; thus, your project should start no earlier than that. We do not fund projects where expenses have already been incurred or contracts committed.

D. **Collaboration:** Are you collaborating with other agencies on this project? If so, please indicate which one(s) and describe your collaborative efforts.

E. **Future Plans:** Is this, or will this become an ongoing project? If so, please describe how you will support it in the future.

F. **Evaluation:** Describe how you plan to assess and measure your project's success.

III. **YOUR ORGANIZATION'S BACKGROUND**

(1 page or less)

A. Briefly describe your organization's purpose and history.

B. Please describe the community or constituency you serve.

C. Is your organization affiliated with any other organizations? If so, which ones?

D. What other Saginaw County organizations provide the same or similar activities? How is your organization different?

IV. **PERSONNEL** (1 page or less)

A. Who are the key staff members involved with this project? What are their qualifications? (Answer these questions in narrative form and submit one copy of their resumes.)

B. Will additional staff, consultants or outside resources be required for this project? If so, please explain.

V. **PROJECT BUDGET**

A. On the "Project Budget" form included in the application, please provide a comprehensive budget for your project listing all sources of income and detailing all expenses. Make sure the expenses equal the revenue.

B. Also on the "Project Budget" form, describe how funding from the Wickson-Link Memorial Foundation would be used.

2. PUT THE APPLICATION TOGETHER

Provide us with one original and one copy of each of the following in the following order:

- Grant Application Cover Form
- Program Narrative
- Organizational Background
- Personnel (Key project staff resumes)
- List of governing board including addresses and affiliations, and frequency of board meetings
- Project Budget
- Current operating budget
- IRS Tax Determination Letter
- Most recent audit or IRS Form 990
- Most recent year-to-date financial statement
- Any attachments you feel will help establish your organization's credibility or help clarify your project. (Please note that we may need to limit the number of attachments reviewed.)

3. MAIL THE APPLICATION TO:

Wickson-Link Memorial Foundation
John D. L. Humphreys
One Tuscola Street
Suite 301
Saginaw, MI 48607



GRANT APPLICATION COVER FORM

Your Application MUST include:

Submit the following (in order):

- Grant Application Number: _____
- This completed grant application cover form
- Project narrative (see narrative questions on page 1)
- Complete budget for proposed project
- List of governing board members, including affiliations and addresses
- Key project staff resumes

Submit ONE of each of the following (in the following order):

- IRS Tax Determination Letter
- E.I.N. Number: _____
- Most Recent Balance Sheet (Profit/Loss Statement)
- Current operating budget for your organization
- IRS Form 990 (*First Page Only*)
- Any attachments you feel will help establish your organization's credibility or help clarify your project (e.g., letters of support)

Legal name of organization applying _____
(This should be the same name as the one on the IRS tax determination letter)

Your organization's name (if different from above) _____

Chief Executive Officer (name & title) _____

Address _____ City/State/Zip _____

County _____ Phone _____

Web site address (if applicable) _____ Fax _____

Amount requested _____ Total project cost _____

Project title _____

Type of request: Program Equipment Other (please specify: _____)

Project dates: Starting Date _____ Ending Date _____

Geographic area served by your project _____ Estimated number of direct recipients served _____

Contact Person _____ Title _____

Address _____ City/State/Zip _____

Phone _____ Email _____

PROJECT SUMMARY: Please summarize your proposal in the space provided. Include brief, but specific information about the who, what, where, when, why and how of your project. Please type or print in black ink. (**Maximum 100 words**)

Has your governing board approved a policy which states your organization will not discriminate as to age, race, religion, sex, handicap or national origin? No Yes (date approved by board: _____)

Has your governing board formally approved this project and authorized you to submit this application for funding? No Yes (date approved by board: _____)

Date Signature and title of chief executive officer

Date Signature of board chair

Send Grant Requests To: John D. L. Humphreys, One Tuscola Street, Suite 301, Saginaw, Michigan 48607, Telephone: (989) 401-2115, Facsimile: (989) 401-1516, Email: jhumphreys@lamsonhumphreys.com



PROJECT BUDGET

Itemize all the sources of funding (revenues) and the project costs (expenses) on this form.

REVENUES

<u>Source</u>	<u>Amount</u>	<u>Status (check one)</u>	
		Confirmed	Pending
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	\$ _____ *		

EXPENSES

<u>Item (materials/supplies, equipment, etc.)</u>	<u>Estimated Cost</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____ *

How will this project be implemented if you receive partial funding, or receive no funding at all through the Wickson-Link Memorial Foundation?

How will funding from the Wickson-Link Memorial Foundation be used?

Describe the amount and the source of any internal funds dedicated to this project:

* Total revenues **must** equal total expenses (i.e., you must indicate how you will pay for all the costs associated with your project)

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