HURON COMMUNITY FOUNDATION

HCF Grant Application From

Submitting Organization

Tax ID #

Instructions for Completing Grant Application Form

If your organization is an IRS verified organization and has a tax ID number, your organization may be able to receive a direct HCF grant distribution.

Email completed HCF Grant Application to huroncommunityfoundation@gmail.com. Applications must be received via email not later than February 1.

Applicants are encouraged to contact the Foundation with questions about any of the application requirements by email at: huroncommunityfoundation@gmail.com. Awards subject to grant guidelines, please review guidelines before submitting a grant application. Please be as concise as possible. All sections must be completed. Applications not completed timely or completely will be rejected.

Identifying Information

Name of Organization Email

Address City State Zip

Contact Person Title Phone

What is the amount of grant monies requested from HCF .....

What is the total goal of your fund raising effort.....

Over what period of time.....

When is this project expected to be completed.....

Briefly describe your non-profit organization (500 words or less)

Project Description

Please use the spaces provided on the application form whenever possible. (500 words or less)

The need for the project and number of people impacted:

Describe the community support for the project:

Project Continuation Plans: Describe the expected results and the probability of continued support. Please indicate whether such support is projected from grants, donations, contracts or fees.

List names of agencies or organizations partnering with you on this project and summarize their role in the project.

Project Budget

Funds Requested from Huron Community Foundation.....

Grant Funds from other Agencies for this Project .....

Funds from your Organization.....

Other Sources of Funding..... .....

Total Project Cost.....

Applicant's Most Recent Year-End Financial Resources

Total Balance of all Checking Accounts.....

Total Balance of all Savings Accounts and Certificates of Deposit.....

Total Balance of all Operating Reserve Accounts.....

Total Balance of all Endowments/Foundation Accounts .....

Total Long Term Liabilities.....

Provide a narrative of project budget information, including details of any matching funds or grants. The narrative must also indicate how the Huron Community Foundation funds will be spent and over what period of time.

Additional Information and Authorization

List Names & Titles of your Organization's:

Executive & Administrative Staff

Board of Directors

Names and qualifications of staff (existing or new) who will be responsible for this project.

I acknowledge that all the information in this grant application is true and correct to the best of my knowledge. I also certify that the funds applied for will benefit charity or a non-profit purpose. (Electronic Submissions – Type in Signature Information)

Authorized Signature

Date

Print Name

Title

Board Chair Signature