

Marshall Community Foundation

Applying for a Grant Requests of \$25,000 - \$100,000

The Marshall Community Foundation administers more than 150 endowed funds, some of which are restricted to specific purposes in accordance with the donor's wishes. The Foundation also awards quarterly grants from its Unrestricted and Field of Interest Funds for innovative projects and programs responding to the community's changing needs.

Who can apply?

The Marshall Community Foundation welcomes and encourages grant applications from non-profit, tax-exempt organizations (in good standing with the IRS), churches (for non-sectarian purposes), cities and townships located in the greater Marshall Area and Calhoun County.

Prospective grant applicants MUST contact the Marshall Community Foundation to discuss their request and obtain more information about the grant-making process prior to submitting an application. Many applicants find this session gives them a helpful start in communicating their vision and understanding the Foundation's role within the community.

Grant-making Priorities:

-
- Yields substantial community benefits for the resources invested
- Facilitates cooperation and enhances collaboration among organizations
- Avoids duplication of services
- Benefits the greatest number of people in the community and attracts volunteer resources
- Strengthens or improves self-sufficiency and efficiency in areas such as, but not limited to:
 - Capacity Building
 - Workforce Development
- Represents innovative, start-up efforts
- Supports low income/underserved populations with:
 - Access to Resources
 - Poverty Intervention
- Promotes youth development in areas such as, but not limited to:
 - Student Performance
 - Teacher Training
 - Supplemental Programs
 - Youth Mental Health
- Examines and addresses underlying causes of local challenges
- Seeks challenge or matching financial resources

The Marshall Community Foundation does not grant for:

- Legislative or political projects
- Religious or sectarian purposes
- Support for the same program year-after-year
- Requests that only benefit one or a few individuals
- Annual fundraising drives or capital campaigns
- Administrative costs for maintaining the present operation of an organization (i.e. general operating expenses), including, but not limited to, staff salaries, wages, benefits, office equipment, etc. Please note, salaries may be considered on a case-by-case basis only as related to direct program expenses, not daily operations.
- Education requests for things such as equipment or educational materials, including curriculum supplies and resources, which are included in ongoing operations of the school district.
- Endowments or debt reduction
- Requests of \$5,000 or greater with the Marshall Community Foundation being the only funding source
- Requests over \$100,000

Requirements:

Applicants requesting a grant for \$25,000 or more will be required to:

- Applicants should submit a one page Letter of Inquiry outlining the scope of the project. The letter should highlight the following:
 - proposed project's impact to the community and how it will benefit those involved
 - how the proposed project will allow their organization to move forward and better assist those whom they serve
 - financial stability of the organization

Letters of Inquiry must be received no later than October 1. Letters will receive approval or declination by December 1.

- Submit three consecutive years of 990s that show evidence of a balanced budget. Please note the Foundation may request a copy of the organization's most recent audit, if applicable.
- Take part in a site visit and/or in-person meeting conducted by Marshall Community Foundation staff and Board/review committee members.

Timeline:

If an organization's Letter of Inquiry receives approval, the full grant application is due February 1.

Grant requests for \$25,000 or more, which have been approved for funding, will receive notification no later than June 15.

Marshall Community Foundation Letter of Inquiry Score Sheet

1. Proposed project/program aligns with one or more MCF grant priorities Yes _____ No _____

If yes, which one(s):

____ Yields substantial community benefits for the resources invested

____ Facilitates cooperation and enhances collaboration among organizations

____ Avoids duplication of services

____ Benefits the greatest number of people in the community and attracts volunteer resources

____ Strengthens or improves the self-sufficiency and efficiency in areas such as, but not limited to:
- Capacity building
- Workforce development

____ Supports low income/underserved populations with:
- Access to resources
- Poverty intervention
- Food insecurity

____ Represents innovative, start-up efforts

____ Examines and addresses underlying causes of local challenges

____ Promotes youth development in areas such as, but not limited to:
- Student performance
- Teacher training
- Supplemental programs
- Youth mental health

____ Seeks challenge or matching financial resources

2. The proposed project/program will have a lasting impact on the community	1	2	3	4
	(unclear)			(very clear)
3. The proposed project/program will allow the organization to move forward	1	2	3	4
4. The organization has clear plans to better meet the needs of those whom the serve	1	2	3	4
5. The organization notes a history of financial stability	1	2	3	4

Additional Notes:

This organization and project/program meets all requirements to submit a full grant request.

Agree

Disagree

Reviewer's Signature _____

Date Notified _____

Marshall Community Foundation

Grant Application

Organization Name: _____ 501(c)3 Yes No

Address/City/State/Zip: _____

Contact Person: _____ Phone: _____

Email: _____ Website: _____

Program/Project Name: _____

Total Project Cost: _____ Amount Requested: _____ Date Needed: _____

Time Frame: One time event Seed money Ongoing project Other _____

Geographic area served: _____ Number Served 1-10 11-25 26-50
51-100 100+

If submitted by a school district, the following signatures are required:

School Principal: _____ Date: _____

School Superintendent: _____ Date: _____

If submitted by the City of Marshall, the following signature is required:

City Manager: _____ Date: _____

1. Please provide a brief summary of your proposed project/initiative.

2. Which Foundation Grant-making Priority does this project intend to address? Please explain.

3. How did your organization determine that this program is needed in the community (specific data source, community engagement, etc.)?

4. Who are you intending to serve with this grant? Provide the demographics (age range, gender, ethnicity, etc.) of the anticipated participants.

5. What impact do you hope to achieve and what measures will you use to determine that your target population is benefitting from your project?

6. List any existing projects in the community similar to the one your organization is proposing. How is your program different? Indicate if and how you plan to collaborate.

7. Explain your strategy for long term sustainability and/or maintenance of this project.

8. How will the project be supported beyond the grant partnership with the Foundation? Please include all partnerships and funders. Explain if the funds you are requesting will be used as a match and/or leverage from other revenue sources.

9. Please explain how volunteers are utilized and contribute to your organization and this program/project.

10. How would this program/project be impacted if Marshall Community Foundation awarded partial funding? How would this program/project be impacted if Marshall Community Foundation was unable to award funding?

11. Will this grant/project help you attract other financial, or in-kind, support? Please explain.

12. Please provide a detailed narrative for your project expenses.

13. In the case that the Foundation is unable to award the full request, which budget items are a priority for your organization and this program/project?

14. When will you begin using the grant funds? When do you anticipate the funds will be fully spent and when will the project/program be complete?

15. If awarded, how will the Marshall Community Foundation be recognized for its support?

16. Is there other information of which the Foundation should be aware of regarding your organization including, but not limited to, adverse audit reports, legal allegations, compromised nonprofit status, etc.? If yes, please explain.

Budget Form

Total program/project budget \$ _____

Amount requested from the Marshall Community Foundation \$ _____, which is _____% of the project budget.

Below provide a full project budget, indicating expenses and revenue (sources and amounts). Itemize expenditures to clarify how the Marshall Community Foundation's grant would be utilized. Prior to submission, check all totals for accuracy. If approved, Grantees will be required to submit multiple vendor bids prior to receiving grant dollars.

Program/Project Expenses

	Total Project Expenses	Amount Requested from MCF
Salaries		
Consultant/Professional Fees		
Insurance		
Travel		
Equipment		
Supplies		
Printing and Copying		
Postage		
Rent		
Maintenance		
Evaluation		
Marketing		
Other (please define):		
For Capital Projects		
Architectural/Design Fees		
Materials/Labor		
Equipment		
Other (please define):		
TOTAL EXPENSES		

Project Fund Development Plan

Please include an itemized list of funding sources for this program/project, including in-kind contributions.

Funding Source(s)	\$ Amount	Please note Pending or Confirmed
<i>Marshall Community Foundation</i>		
TOTAL <i>(should be equal or greater to expenses listed above.)</i>		

Marshall Community Foundation Grant Request Score Sheet

Overall Project (Total of 4 Points Possible):

Project poorly constructed and there would be little potential and/or community support	Project somewhat described but without enough detail to gauge impact -OR- Project impact deemed low	Project well described with a complete picture and good community collaboration	Cleverly developed project with high potential for success; a novel proposal	Points Awarded
1	2	3	4	

Project Goals and Objectives (Total of 4 Points Possible):

Project goals are unclear or inappropriate; objectives not offered or not specifically measurable, achievable, realistic & time based - OR- Project not related to the goals/objectives of MCF	Project goals are clear; questionable objectives are offered that are weak or lack specificity or measures -OR- Only somewhat related to the goals/objectives of MCF	Project goals are well framed and adequate; objectives are adequate for the task but could be strengthened -OR- Clearly related to the goals/objectives of MCF	Project goals are exceptionally well crafted; objectives are rich and aid in helping the project define success -OR- Will definitely help reach the goals/objectives of MCF	Points Awarded
1	2	3	4	

Project Partners (Total of 4 Points Possible):

Appropriate partners or stakeholders are not involved -OR- No partners are identified	Some appropriate partners or stakeholders appear to be missing	The partners and stakeholders identified are adequate and their roles are clearly stated	The partners and stakeholders identified are fitting and will strengthen the project; and a letter(s) of support clearly indicate the partners role	Points Awarded
1	2	3	4	

Project Evaluation (Total of 4 Points Possible):

Evaluation measures and methods are lacking or not clear; effort unsure of itself in terms of what success would look like	Evaluation measures and methods are offered but could be enhanced or improved -OR- Elements of success not well defined	Evaluation measures and methods are adequate as offered -OR- Elements of success are identified	Evaluation measures and methods are thoughtful; the applicant team has concise knowledge of how they envision success	Points Awarded
1	2	3	4	

Financial Health of Organization (Total of 4 Points Possible):

Financial health of the organization has a concerning history -OR- financial health is not addressed	Some elements of the organization's financial health are questionable	Organization's financial health is adequate as offered -OR- has experienced an uncommon situation which impacted financial health	Evidence of consistent financial stability; the applicant team has knowledge of maintaining healthy financial wellness for the organization	Points Awarded
1	2	3	4	

Additional Comments: _____

Total Points Awarded

/20

Marshall Community Foundation

Final Report \$25,000 - \$75,000

Please list all information as it appeared on your original grant application.

Organization Name: _____

Contact Person: _____ Phone: _____

Program/Project Name: _____

Date grant was received: _____ Amount awarded: _____

1. State the intended purpose of the original grant request.
2. What measurable impact did this project have on the community? Respond relating to the goals and outcomes outlined in your original application.
3. What methods or strategies were used to gather data about the project? Are there any findings you weren't anticipating? If so, please elaborate.
4. What do you consider to be the greatest strength(s) of this project/program?
5. Were there any major challenges the project or organization faced in implementing its work during the grant period? If so, describe the challenges and how they were addressed?
6. Have there been any significant changes in your organization or the project since the grant was awarded (i.e., executive leadership, staff, facilities, location)?
7. Has this grant been instrumental in attaining additional resources for your organization in the form of volunteers, money, good, services, publicity? If so, describe.

8. What demographic of people were served by this project? Please include age ranges, gender, ethnicity, etc. in your response.

9. What are your detailed plans to ensure the future sustainability of this program?

10. Using the budget from your original proposal, compare projected expenses and income for the program/project with actual expenses and income realized.

Purchases made prior to the grant application date should not be included on this final report.

Itemized Project Expenses	Proposed Project Expenses	Actual Expenses	Actual Expenses covered by MCF
TOTAL			

11. Provide a written explanation of any budget variances. Were the variances approved by MCF staff?

12. Include an itemized list of funding sources for this project, including in-kind contributions.

Funding Source (s)	\$ Amount Still Pending	\$ Amount Confirmed
Marshall Community Foundation		
TOTAL		