

Marshall Community Foundation Local Emergency Action Grant in response to the Covid-19 Pandemic

Timeline: April 1-September 1, 2020

Applications will be reviewed the fourth week of each month.

Average maximum request per agency: \$10,000

Maximum request may be made in one application, or multiple applications through the life of the emergency response.

Purpose

To address challenges that have transpired in direct relation to COVID-19, the Marshall Community Foundation is offering emergency grant cycles for local non-profit, tax-exempt organizations, schools, churches (for non-sectarian purposes), cities and townships in the greater Marshall-area, as well as Calhoun County-based organizations serving the Marshall community, that are experiencing unforeseen financial hardships such as incurred increased expenses or lost revenue due to the pandemic.#

Though the Marshall Community Foundation does not typically fund grant requests for operational expenses, we are making this one-time exception as we believe it is important to support local charitable organizations as they make difficult decisions to keep our community safe.

Who can Apply

Until further notice, **priority will be given to health and social services organizations meeting the front-line, emergency needs of the community**, but any non-profit organization impacted by the pandemic may apply.

Grant-making Priorities

Distributions from the Emergency Action Grant will prioritize non-profits that are serving community members:

- Without health insurance or access to sick days
- In disproportionately impacted industries
- With greater health risks, including people over the age of 60 or people with compromised immune systems
- At risk or experiencing homelessness, utility shut-off or food insecurity

Organizations meeting these priorities that have also seen increased demand for services or that are developing new, short-term programs in response to the pandemic may also take priority.

Through this emergency initiative, the Marshall Community Foundation will not grant for normal operating expenses or programs not related to COVID-19, annual fund-raising drives, multi-year funding initiatives or capital expenses.

The Marshall Community Foundation does not grant for political projects, religious or sectarian purposes, or to individuals, except through educational and enrichment scholarships. Proposals should not replicate emergency services or resources offered by other local, state and federal entities.

Review Process

The Marshall Community Foundation will conduct an initial review of applications with final approval by the Board of Trustees. Also, all youth-related grant requests will be reviewed by the Foundation's Youth Advisory Council.

Required Attachments

- IRS determination letter of agency or fiduciary
- Board roster
- Annual operating budget
- Letters of support from all agencies (other than the applicant) that benefit from this request. Letters must verify need.

After reviewing your application, the Marshall Community Foundation may request additional supporting information. **Hand written applications will be accepted.**

Please note, the Marshall Community Foundation Emergency Action Grant is meant to be responsive and flexible. Grant parameters are subject to change as emerging needs are identified. All requests will be reviewed in conjunction with ever-changing funding opportunities made available through other local, state and federal agencies. When necessary, applicants will be encouraged to seek additional and/or other funding sources in order to conserve the Foundation's limited resources.

Submit your completed application to the Foundation at info@marshallcf.org. It is recommended that you call the Foundation office, 269-7812273, to verify we received the application.

Emergency Action Grant Application Cover Sheet

Organization Name: _____

Address/City/State/Zip: _____

Contact person: _____ Phone: _____

Email: _____

Program/Project Name: _____

Amount Requested: \$ _____ Date Needed: _____

Please provide a two paragraph summary of this grant request:

Geographic area served: _____ Number served (circle one): 1-10 11-25 26-50 51-100 100+

Of those served, estimated percentage who live in Marshall-area: _____

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: _____

If submitted by someone other than the organization's executive director/CEO, the following signature is required:

Executive Director: _____ Date: _____

4. If you are proposing a new program or project in response to the COVID-19 pandemic, please describe the project's measurable goals.
 - a. What is your specific plan for the financial and programmatic sustainability of this program/project, if needed?
 - b. What are your plans for evaluation, including how success will be defined and measured?
 - c. Please provide a detailed narrative for project expenses (include in an attachment, if necessary.)
 - d. In the case that the Foundation is unable to award the full request, which budget items are a priority for your organization and this project?

5. If your organization was operating at a deficit prior to the pandemic, please explain.

6. If your organization was operating with a surplus prior to the pandemic, please explain how you plan to utilize the surplus toward this request or other operational expenses.

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.

PROGRAM/PROJECT EXPENSES

	Total Project Expenses	Amount Requested from MCF
General Operations		
Salaries		
Consultant/Professional Fees		
Insurance		
Travel		
Equipment		
Supplies		
Printing/Copying/Postage		
Rent		
Maintenance		
Evaluation		
Marketing		
Other (please define):		
TOTAL EXPENSES		

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/confirmed
<i>Marshall Community Foundation</i>		
TOTAL <i>(should be equal or greater than expenses listed above.)</i>		