

THE CONSTANTINE AREA COMMUNITY FOUNDATION

Mission Statement

The Constantine Area Community Foundation is committed to serving our greater community, thereby enhancing the quality of life for all people in the Constantine area. We will accomplish this by:

- *PRESERVING* community traditions
- *SERVING* as a community leader and resource for philanthropy
- *SUPPORTING* a broad range of programs and projects
- *BUILDING* permanent endowments from a wide range of donors

What are the priorities of The Constantine Area Community Foundation?

- The improvement of living and working conditions for the citizens of the Constantine area.
- Youth and recreation
- Public, educational, charitable or benevolent purposes
- Care of the sick or aged

What does The Constantine Area Community Foundation prefer to fund?

- Seed money for start up of innovative projects
- Programs serving the Constantine area community
- Programs to leverage grants from other sources
- Programs which address prevention as well as treatment
- Programs which collaborate with several agencies
- Programs likely to be continuous and self supporting

What does The Constantine Area Community Foundation prefer not to fund?

- Existing obligations or debts
- Religious programs that appear to serve a specific religious denomination
- Fundraising events
- Individuals

How does an organization apply for a grant?

Please contact any Board member or the office of the Sturgis Foundation for details about our application form and the procedures we require from our grant seekers. Forms are available from our Board members or at the offices of the Sturgis Foundation.

What are the eligibility requirements to apply for a grant?

To be eligible for support, organizations and institutions must have tax exempt status under section 501 (c)3 of the Internal Revenue Code.

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GRANT APPLICATION FORM

INSTRUCTIONS

1. A cover letter should be included with each application, which introduces your organization and your grant proposal and makes a connection between your proposal and our mission and grantmaking interests. Please keep this cover letter to one typed page in length.
2. Please submit 8 copies of your grant proposal (including 8 copies of the grant cover sheet and grant budget).
3. Include a copy of the current IRS determination letter indicating 501 (c) 3 tax-exempt status.
4. Include a list of your Board of Directors and affiliations.
5. Include a copy of your organization's current annual operating budget, including expenses and revenue.
6. Include a copy of your most recent annual financial statement (independently audited, if available; if not available, attach your Form 990. Only one copy of audit or 990 is required.
7. Include the attached Grant Budget Sheet (and 8 copies).
8. Include the attached Grant Application Cover Sheet (and 8 copies).
9. You may include letters of support for your project from other organizations.
10. Include your annual report, if available.
11. Grant money must be paid out within 1 year of approval.
12. Please call our office if you have any questions.

GRANT APPLICATIONS ARE Considered each Fall and Spring. Please call for specific dates.

**Constantine Area Community Foundation
Michael Freude President
A geographic affiliate of the
Sturgis Area Community Foundation
Mary Dresser and John Wiedlea Co-Directors
310 N. Franks Avenue
Sturgis, MI 49091
Phone: (269) 659-8508 Fax: (269) 659-4539**

THE CONSTANTINE AREA COMMUNITY FOUNDATION
An Affiliate Fund of the Sturgis Area Community Foundation

Grant Application
Cover Sheet

Date of Application: _____

Legal name of organization applying: _____
(Should be same as on IRS determination letter and as supplied on IRS Form 990.)

Year founded: _____ Current Operating Budget: \$ _____

Executive Director: _____ Phone number: _____

Contact person/title/phone number _____
(if different than Executive Director)

Address (principal/administrative office): _____

City/State/Zip: _____

Fax number: _____

List any previous support from this funder in the last 5 years: _____

Project Name: _____

Purpose of Grant: (one sentence): _____

Dates of the Project: _____ Amount Requested: \$ _____

Total Project Cost: \$ _____

Geographic Area Served: _____

Signature, Chairperson, Board of Directors

Date

Printed Name and Title

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Grant Budget

Below is a listing of standard budget items. Please provide the project budget in this format.

A. Organizational fiscal year: _____

B. Time period this budget covers: _____

Expenses

	Amount requested from The Constantine Fdn	Total project expenses
Salaries	\$ _____	\$ _____
Payroll taxes	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____
Consultants and Professional fees	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Printing/copying	\$ _____	\$ _____
Telephone/fax	\$ _____	\$ _____
Postage and Delivery	\$ _____	\$ _____
Rent	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Evaluation	\$ _____	\$ _____
Marketing	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
Total amount requested	\$ _____	Total expense \$ _____

Revenue

	<u>Committed</u>	<u>Pending</u>
Local Govt. Grants	\$ _____	\$ _____
State Govt. Grants	\$ _____	\$ _____
Fed. Govt. Grants	\$ _____	\$ _____
Foundation Grants	\$ _____	\$ _____
Corporate donations	\$ _____	\$ _____
Individual donations	\$ _____	\$ _____
Income from events	\$ _____	\$ _____
Income from products	\$ _____	\$ _____
Membership income	\$ _____	\$ _____
In-kind support	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
Total Revenue	\$ _____	\$ _____