

**MARSHFIELD AREA COMMUNITY FOUNDATION GRANT APPLICATION FORM**

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**Part One: Organization Information**

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please list the organization's staff composition in numbers:

Paid full-time \_\_\_\_\_ Paid part-time \_\_\_\_\_ Volunteers \_\_\_\_\_ Interns \_\_\_\_\_ Other \_\_\_\_\_

Total Staff (both professional and volunteer) \_\_\_\_\_

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**Part Two: Grant Request Information**

Project Name: \_\_\_\_\_

Amount Requested from the Marshfield Area Community Foundation: \$ \_\_\_\_\_

Brief Summary of the Project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration of Project: from \_\_\_\_\_ to \_\_\_\_\_ When are funds needed? \_\_\_\_\_

Program Area Addressed: \_\_\_\_\_ Education \_\_\_\_\_ Recreational \_\_\_\_\_ Arts \_\_\_\_\_ Conservation

\_\_\_\_\_ Community Enrichment/Development \_\_\_\_\_ Women/Children \_\_\_\_\_ Senior Citizens

\_\_\_\_\_ Other \_\_\_\_\_  
please list

What Geographic Area will be served by this Project: \_\_\_\_\_

Has MACF previously funded this or a similar project proposal? If so, when?

\_\_\_\_\_

## Part Two, Cont'd.

### PROJECT BUDGET

“Project Budget” **does not mean the entire annual budget** of the organization applying for the grant. It **does** mean the total budget necessary to fund the project or program identified in this grant application. In some cases, that budget figure will be greater than the amount requested from MACF in this application.

#### Expense Summary for this Project:

Personnel: \$ \_\_\_\_\_  
Facilities: \_\_\_\_\_  
Equipment/Supplies: \_\_\_\_\_  
Meetings/Travel: \_\_\_\_\_  
Printing/Promotion: \_\_\_\_\_  
Other: (Specify) \_\_\_\_\_

#### TOTAL PROJECT EXPENSE

\$ \_\_\_\_\_

#### Revenue Summary for this Project:

Other Foundations: \$ \_\_\_\_\_  
Corporations: \_\_\_\_\_  
Government: \_\_\_\_\_  
Sales/Fundraising: \_\_\_\_\_  
Fees/Memberships: \_\_\_\_\_  
Other (Specify): \_\_\_\_\_

#### Amount Requested From the Marshfield Area Community Foundation

\_\_\_\_\_

Names of other funding sources:

Names of other funding sources:
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#### TOTAL PROJECT REVENUE

\$ \_\_\_\_\_

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## Part Three: Narrative

Please provide the following information on no more than two typewritten pages:

1. Describe the proposed project in detail.
2. Describe how the proposal responds to a community need or provides a desirable service.
3. If the project has multiple revenue sources, describe specifically how the MACF grant portion will be used.
4. Describe your organization's experience and capability to execute the proposed project.
5. List staff or individuals who will actually be organizing or performing the services described in the proposal.
6. Describe how the proposed project demonstrates cooperation or collaboration among other agencies or organizations and minimizes duplication.
7. Describe the results expected to be achieved by the end of the funding period, and describe how you intend to monitor or evaluate the project's success.
8. Describe the impact on the project if MACF should approve a grant for a lesser amount than that requested.
9. Explain whether this is a one-time only project or whether it will be on-going. If on-going, please indicate anticipated sources of future funding.

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## Part Four: Required Attachments

Submit only one copy of the following documents (if applicable) in support of your application.

1. Names of and titles of Board of Directors (or other individuals with governing oversight)
2. Copy of IRS tax-exempt letter (if applicable)
3. The organization's most recent audited financial statement including notes and IRS Form 990 (if applicable)