Grant Application

The Community Foundation of Greater Flint

Online Competitive Grant Application

Application Overview

Application / Project Name:

Legal Name of Organization applying

Organization Federal EIN

Contact Person Name

Contact Person Title

Contact Person Telephone

Contact Person Email

Total Program Cost

Start Date

End Date

Amount Requested
Organizational Background

Please tell us about your organization including when you were founded, your mission and vision, and who you serve. (2000-character limit)

Have there been any significant organization changes in the past year? (i.e. leadership, board, staffing, location) (500-character limit)

Project Information

Describe how the program/project aligns with one or more of the stated funding priorities/funding areas of the Community Foundation. (2000-character limit)

Did your organization receive funding from CFGF for this project in 2022?

☐ No

☐ Yes

If yes, the following questions populate:

- Describe the progress of your project to date. Please relate them to your original goals/objectives.

- Will there be any changes to the project in the upcoming year? If yes, please describe.

How would you describe this project in one sentence? (500-character limit)

Goals & Implementation

What is the community need your project will address? (Select all that apply.)

☐ Access to Healthy Food

☐ Animal Welfare

☐ Arts and Culture Access in the City of Flint

☐ Basic Needs Support such as clothing, food and housing

☐ Capacity Building for Non-Profit Organizations

☐ Community-Building Activities

☐ Community and Economic Development

☐ Early Childhood Education

☐ Kindergarten through post-secondary enrollment and completion

☐ Flint Water Crisis Response
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☐ Health and Wellness
☐ Improved Flint Neighborhoods
☐ Improved Quality of Life for the LGBTQ+ Community
☐ Improved Quality of Life for Women and Girls
☐ Literacy
☐ Poverty
☐ Racial Healing, Equity and Social Justice
☐ Youth Development
☐ Youth Sports and Recreation Access
☐ Veteran’s Services

How do you propose to address the need(s) described above? Include goals and activities.
(2000-character limit)

What is your organization’s experience working on this type of project? Who will be responsible for the project’s oversight and why? (2000-character limit)

Project Impact

Geographic Area Served (Select one.)
☐ Argentine
☐ Beecher
☐ Burton
☐ Clio
☐ Davison
☐ Fenton
☐ Flint
☐ Flushing
☐ Gaines
☐ Genesee County-wide
☐ Goodrich
☐ Grand Blanc
☐ Lake Fenton
☐ Linden
☐ Montrose
☐ Mount Morris
☐ Multi-community area
☐ Otisville
☐ Swartz Creek

What is the primary population that will be served by this project? (Select one.)
☐ American Indian or Alaska Native
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☐ Asian
☐ Black or African American
☐ Hispanic
☐ Middle Eastern and North African
☐ Native Hawaiian and Pacific Islander
☐ White
☐ All Populations
☐ Other

Will your project serve any of the following? (Select all that apply)
☐ Persons with mental and/or physical disabilities
☐ Persons who do not live in traditional housing
☐ Immigrants
☐ Persons experiencing homelessness
☐ Low-income persons
☐ Returning citizens
☐ LGBTQIA+ persons
☐ Young children (birth to five)
☐ Children (6-12)
☐ Youth (13-17)
☐ Young adults (18-25)
☐ Adults (26-49)
☐ Older adults (50+)

How many people will be served by your project? (2000-character limit)

Will your project address issues/needs of underserved or vulnerable populations? If yes, please describe the population impacted by your project, including demographic and disparity information (as available). (no character limit)

Have you involved the most impacted population(s) in the development of this project? If yes, please describe.

Continuation & Sustainability

Describe any significant partnerships/collaborative relationships instrumental to the success of the project. (Letters of Support and Memorandums of Understanding are strongly encouraged).
(2000-character limit)

What are your plans for evaluation including how success will be defined and measured? (2000-character limit)

Explain whether, and how, Community Foundation of Greater Flint funds will be used to leverage additional dollars. (2000-character limit)
If your project is funded by CFGF, what are your plans for continuing the project at the end of the grant period? Include funding. (2000-character limit)

Can your project move forward with a partial grant from CFGF? If yes, what project changes will occur?

**Sign & Date**

By entering the names of the organization’s Executive Director and Board Chair, you are confirming their support of the project through this digital signature.

Executive Director:

Board Chair:

If you are ready to submit your application, please enter your digital signature and click submit. Please note: You may be contacted by a Program Officer if further information is needed.

Applicant Signature:

Date:

**ATTACHMENTS**

- Project Budget (required)
- Letters of Support (optional)
- Additional Information (optional)
- Financial Statements (required annually)

*Please print and retain a copy for your records.*

Community Foundation of Greater Flint
500 S. Saginaw St., Suite 200
Flint, MI 48502
810.767.8270