



Grant Application Cover Sheet

Date of Request			
*Legal name of organization applying			
*Tax Identification Number (EIN):			
Executive Director:		Phone number:	
Address of organization:			
City/State/Zip:			
Current Project Name:			
Purpose of the request (One sentence):			
Amount Requested	\$		

Signature, Chairperson, Board of Directors

Date

Signature, Executive Director

Date

*Preferably submit IRS Determination Letter that included this information and exemption status [e.g., 501(c)(3)]



The JSJ Foundation will make contributions to causes, programs, and organizations that:

- Are in the areas of education, humanities and arts, and human and social services.
- Are located in the general geographic areas where JSJ employees and shareholders reside.
- Have a JSJ employee or employees involved in the particular charity or event.

The JSJ Foundation generally *does not fund*:

- Participation as a sponsor/patron, where such expenditure includes a table or team sponsorship.
- Healthcare organizations and/or specific disease-related organizations
- Requests from individuals
- Events such as golf outings

Grant Deadlines are June 1st and November 1st

Grant Allocation Meetings: Foundation Trustees meet twice a year: June and November.

GRANT APPLICATION QUESTIONS

Please provide the following information in the order listed. Copy the headings and numbers provided in your response.

- I. **Purpose of Grant:** Describe the program and its basic objectives. Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if the grant is made. Include a timetable.
- II. **Need:** Substantiate the need for the program. Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.
- III. **How Proposal Fits:** State how your proposal fits the guidelines of the JSJ Foundation.
- IV. **Population Served:** Describe the population served by this program, including the approximate number of people served, their gender, age, and ethnicity. How are members of your target population involved in defining the problem, planning the program, and making policy?

- V. **Evaluation Plan:** Describe the evaluation plan your organization will use to determine if the project's basic objectives described in Item I have been met. How will success be defined and measured?
- VI. **Budget:** Use the Grant Project Budget Format that follows. On a separate sheet, show how each budget item relates to the project and how the budgeted amount was calculated. In the event that we are unable to meet your full request, please indicate priority items in the proposed grant.
- VII. **Other Sources of Funding:** If the project will be continued beyond the time period of the Foundation request, indicate other sources of funding that are or may be available to your organization for this program in the future.
- VIII. **Organization Information:** Describe your organization, its history, mission and goals, activities, programs and accomplishments. Please include an organizational chart, including board, staff and volunteer involvement.

GRANT PROJECT BUDGET FORM

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

A. Organizational fiscal year: _____

B. Time period this budget covers: _____

C. **Expenses:** include a description and the total amount for each of the following budget categories, in this order:

	<u>Amount requested from this organization</u>	<u>Total project expenses</u>
1. Salaries (specify number of full-time equivalents)	\$	\$
2. Payroll Taxes	\$	\$
3. Fringe Benefits	\$	\$
4. Consultants and Professional Fees	\$	\$
5. Insurance	\$	\$
6. Travel	\$	\$
7. Equipment	\$	\$
8. Supplies	\$	\$
9. Printing and Copying	\$	\$
10. Telephone and Fax	\$	\$
11. Postage and Delivery	\$	\$
12. Rent	\$	\$
13. Utilities	\$	\$
14. Maintenance	\$	\$
15. Evaluation	\$	\$
16. Marketing	\$	\$
17. Other (Specify)	\$	\$
Totals	\$	\$

D. **Revenue:** include a description and the total amount for each of the following budget categories, in this order; please indicate which sources of revenues are committed and which are pending.

	<u>Pending</u>	<u>Committed</u>
1. Grant/Contracts/Contributions	\$	\$
Local Government	\$	\$
State Government	\$	\$
Federal Government	\$	\$
Foundations (itemize)	\$	\$
Corporations (itemize)	\$	\$
Individuals	\$	\$
Other (specify)	\$	\$
2. Earned Income	\$	\$
Events/Fees	\$	\$
Publications and Products	\$	\$
3. Membership Income	\$	\$
4. In-Kind Support	\$	\$
5. Other (specify)	\$	\$
6. Total Revenue	\$	\$
Total Pending + Total Committed =	Total Project Revenue	\$

***Total Expenses from Section C and Total Revenue from Section D on this page must be equal.**

Please include the following *attachments*:

- A copy of the current IRS determination letter indicating 501(c)(3) tax-exempt status.
- List of Board of Directors with affiliations.
- Financial Statement: Most recent annual financial statement (independently audited, if available; if not available, attach Form 990).
- Annual Report, if available.
- Letters of support which verify project need and collaboration with other organizations. (Optional)

Please submit to:

JSJ Foundation
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E-mail: plowmand@jsjcorp.com
Website: www.jsjcorp.com