COMMUNITY FOUNDATION

Capital Region Community Foundation
www.ourcommunity.org

2025 IMPACT GRANT PRELIMINARY APPLICATION SAMPLE

Please review our guidelines and access the online application here:
https://ourcommunity.org/nonprofit-support/grants-at-the-community-foundation/impact-grants

Impact Grants requests range from $10,000 to $75,000. The application process includes a Preliminary Application and, if invited by the committee, a Full Application. Impact grants do require the applicant to secure a dollar-for-dollar cash match equal to the amount granted.

ELIGIBILITY

Nonprofit organizations seeking a grant from the Capital Region Community Foundation must PRIMARILY serve residents in the Capital Region of Michigan – within Ingham, Eaton and Clinton counties. Eligibility is based on the Feral Tax ID or EIN being used to apply for a grant.

If you were awarded an Impact grant in 2024, you are not eligible to apply again this year.

APPLICANT INFORMATION:

- Organization name, mailing address, website address. _____
- Federal Tax ID Number _____ 501(c)3 tax exemption status _____
- Michigan License to Solicit # if applicable. _____ (*Most nonprofit organizations are required to secure a license to solicit in Michigan. There are some exemptions. Learn more **HERE**.*
- Mission statement_____
- Annual operating budget $_____ The year the organization was established _____
- Director/CEO of the Organization: Name and title _____
- Grant Contact Person: Name, Title, Email and Phone.

Demographic data: To help us further understand the scope of our grantmaking, we ask that you provide some basic demographic data about the staff, board and clients of your organization. For this section, we are defining Person of Color as anyone who does not identify as white. This data will be used for internal recordkeeping only and will not be shared.

- Number of individuals typically served by your organization in one year in each of the following areas:

  Clinton County ___ Eaton County ___ Ingham County ___ All other counties ___
- Number of paid employees (*full & part time*) _____ White_____ People of Color ___
- Which of the following best represents your CEO or Executive Director: White_____ Person of Color ___
- Number of board members that identify as: White_____ People of Color ___
- Number of Board Members who make a financial gift to your organization annually _____
- Does your organization collect racial demographic data on the people that directly benefit from your services?
- Please provide or estimate the number of ONLY tri-county individuals served by your organization in the past year: White___ People of color ____

SAMPLE

REQUIRED ATTACHMENTS for PRELIMINARY APPLICATION

Please upload the following attachments to help our review committee learn more about your organization.

- A year-end Profit and Loss Statement for your most recent completed fiscal year, listing all sources of revenue and all expenses for the year.
- Operating Budget for your current fiscal year, including all sources of projected revenue and expenses
- A recent Financial Balance Sheet listing all assets and liabilities
- Optional: Please upload any other materials (flyer, brochure, link to social media, etc.) that will help our committee understand the work you do; or materials that showcases your project.

IMPACT PROJECT INFORMATION

- Project Title: *(6 words or less)* _____
- **Impact Proposals must meet at least one of the following criteria. Please select the one that fits your project most closely.**

___ **This project will significantly increase the long-term impact of our organization or program.**
Impact grants cannot include ongoing operations or routine expenses such as ongoing programming, occupancy, administration, etc. For example, an Impact Grant cannot be used to purchase food items for a food pantry – but might be used to purchase a refrigerator for a new Fresh Produce initiative for pantry clients. Or it might be used to purchase a vehicle for a new mobile delivery program for home-bound pantry clients.

___ **This project will significantly increase our ability to reach a new, under-served population.**
Impact Grants are not designed to increase the number of people utilizing an existing program, but rather to help expand a successful program to a new, high-need population. For example, an Impact grant might be used to duplicate a successful program in one school district to another school district. Or to expand a successful drug rehab program that serves men, to include serving women.

___ **This project will be a partnership or collaboration with at least one other nonprofit organization**, *to implement a solution to a critical community issue.*

- **Anticipated Total Project Cost: $_____ Amount of Grant Request: $_____**
Because Impact Grants require the grantee to secure a dollar-for-dollar <u>cash</u> match, the amount requested cannot exceed 50% of the total project cost. The maximum Impact Grant amount is $75,000.

- Please describe what this grant will be used to purchase or support. Remember that Impact grants cannot include operations and routine expenses such as ongoing programming, occupancy, administration, etc. *(400 characters max including spaces)*

SAMPLE

- What is the community need you are trying to address with this proposal? How have you determined this is a need? *(800 characters max, including spaces)*

- What is your project and how will it address this community need? *(800 characters max, including spaces)*

- What metrics will you use to measure your project/program's success? (For example, number of services provided, client satisfaction ratings, participation levels, etc.) *(400 characters max including spaces)*

- Which, if any, nonprofits are partnering with you on this project? Which person are you working with and what is their role? *(400 characters max including spaces)*

- Tell us how you have sought, or plan to seek, input from people who will be served by this grant. *(400 characters max)*

- Timetable for implementation: (400 characters max including spaces) *PLEASE NOTE that final Impact Grant decisions will be made in September.*

- Projected number of tri-county people that will be served by this particular grant in:

  Ingham County_____ Eaton County _____ Clinton County _____ Other Counties_____

If you have questions please contact us before May 1.

Your Community Investment Team:

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