

# Spring Competitive Grant Application 2024

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*Mt. Pleasant Area Community Foundation*

## *Grant Application Instructions and Information*

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**Welcome to the Mt. Pleasant Area Community Foundation Spring Competitive Grant Application.**

Throughout this application you will be required to answer questions concerning your grant proposal. If you have any questions or concerns on how to answer any questions, please contact Jaimie Capen-Cascaddan at (989) 773-7322 or by emailing her at [jcapen@mpacf.org](mailto:jcapen@mpacf.org). MPACF staff are available Monday-Friday, 9-5pm.

**Please note that ALL eligible organizations are able to submit only two proposals for each competitive cycle.**

## *Project Details*

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### **Project Name\***

*Character Limit: 100*

### **Amount Requested**

*Character Limit: 20*

### **Total Project Budget\***

*Character Limit: 20*

### **Project Description**

Make sure to describe the problem that the project will attempt to address. Also, describe the population that will be served.

*Character Limit: 3000*

### **Project Start Date\***

The start date should not occur before the application deadline.

*Character Limit: 10*

### **Project End Date\***

*Character Limit: 10*

## Project Goals\*

*Character Limit: 1500*

## Outcomes & Measurements\*

Please explain how project goals will be measured.

*Character Limit: 1500*

## Specify the project activities to be undertaken and the timeline for their implementation:\*

*Character Limit: 1000*

## What is the primary area of interest of this project?\*

### Choices

Animal Related Activities  
Arts, Culture  
Civil Rights, Social Action, Advocacy  
Community Improvement, Capacity Building  
Disease, Disorder, Medical Disciplines  
Educational Institution  
Employment, Jobs  
Environmental Quality, Protection, Beautification  
Food, Nutrition, Agriculture  
Health, General, Rehabilitative  
Housing, Shelter  
Human Service, Multipurpose  
International, Foreign Affairs, National Security  
Medical Research  
Mental Health, Crisis Intervention  
Philanthropy, Volunteerism  
Public Affairs, Society Benefit  
Public Protection, Crime, Justice, Legal Service  
Public Safety, Disaster Preparedness, Relief  
Recreation, Leisure, Sports, Athletics  
Science, Technology  
Social Sciences  
Youth Development

## What is the secondary area of interest of this project?

### Choices

Animal Related Activities  
Arts, Culture  
Civil Rights, Social Action, Advocacy  
Community Improvement, Capacity Building  
Disease, Disorder, Medical Disciplines  
Educational Institution  
Employment, Jobs  
Environmental Quality, Protection, Beautification

Food, Nutrition, Agriculture  
Health, General, Rehabilitative  
Housing, Shelter  
Human Service, Multipurpose  
International, Foreign Affairs, National Security  
Medical Research  
Mental Health, Crisis Intervention  
Philanthropy, Volunteerism  
Public Affairs, Society Benefit  
Public Protection, Crime, Justice, Legal Service  
Public Safety, Disaster Preparedness, Relief  
Recreation, Leisure, Sports, Athletics  
Science, Technology  
Social Sciences  
Youth Development

**What best describes your funding request?\***

**Choices**

Annual Campaigns  
Building, Renovations  
Capital Campaign  
Conference, Seminar  
Computer System  
Curriculum Development  
Debt Reduction  
Exhibitions  
Emergency Funds  
Equipment  
Film, Video, Radio  
General, Operating  
Land Acquisition  
Professorships  
Program Development  
Publication  
Research  
Staff Development  
Student Aid  
Technical Assistance

*Beneficiaries*

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**What is the total number of people who will benefit from this project?\***

Please type response in numeric format only (no dashes, commas, or other punctuation)

*Character Limit: 20*

**Total number of people who benefit explained:**

Please use this section below IF an explanation is necessary regarding the total number of people who will benefit.

*Character Limit: 250*

**What area will be most affected by this project?\***

**Choices**

- Beal City
- Clare
- Mt. Pleasant
- Rosebush
- Shepherd
- Isabella County
- State of Michigan
- United States
- International

**What economic group will benefit from this project?\***

**Choices**

- Below Federal Poverty Guidelines
- Low Income
- Middle Income
- High Income
- All

**Which population will benefit the most from this project?\***

**Choices**

- AIDS, HIV
- Blind, Vision Impaired
- Mental, Emotional Illness
- Physically Disabled
- Substance Illness
- Multiple
- Non Applicable

**What age group will benefit from this project?\***

**Choices**

- 0-4
- 0-18
- 5-12
- 13-18
- 19-21
- 22-64
- 65+
- All

**Will your project directly impact the youth of Isabella County?\***

**Choices**

- Yes
- No

**What gender will benefit from this project?\***

**Choices**

- Female
- Male
- Other
- All

**Will your project directly benefit women and girls in Isabella County?\***

**Choices**

- Yes
- No

*Gender Branch*

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**You indicated that your proposal will impact females.\***

Please provide insight as to **how** this proposal will directly impact females of Isabella County. Please also provide a percentage of how many females will be impacted (i.e.: 60% females, 40% males).

*Character Limit: 1000*

*Project Budget*

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Provided below is a table that will allow you to input your budget for this specific project.

**Please note:**

- ♣ Budget Amounts should be rounded to the nearest dollar.
- ♣ This budget is specific to your project, NOT your organization's full operating budget.
- ♣ Total Income should equal Total Expenses for a balanced budget!

**Project Budget Income**

Income Source:	Amount	Description


**Project Budget Expenses**

<b>Expense Item:</b>	<b>Budgeted Expense</b>	<b>Description (cost per unit, quantity, etc)</b>
<b>Personnel/Training</b>		
<b>Equipment</b>		
<b>Material/Supplies</b>		
<b>Food</b>		
<b>Travel</b>		
<b>Other</b>		

**Please use this section below IF a budget explanation is necessary.**

*Character Limit: 500*

**Describe specifically how MPACF grant income will be used:\***

*Character Limit: 1000*

Please explain the consequences of not receiving funding from a source that is currently pending.\*

Will you be able to carry out the project?:

*Character Limit: 750*

Should the Mt. Pleasant Area Community Foundation not have the resources to support your full grant request, indicate which project expenses are highest priority: \*

*Character Limit: 750*

Do you have bids to submit with this grant request?\*

A minimum of two bids is required for the purchase of materials, equipment, or services.

**Choices**

Yes

No

*Bids*

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**Bid Submission #1**

PDF format only

*File Size Limit: 2 MB*

**Bid Submission #2**

PDF format only

*File Size Limit: 2 MB*

*Letters of Support*

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**Letters of Support:**

If applicable, please upload letters of support from collaborative partners. (Uploads must be PDF format)

Do you have any Letters of Support that you'd like to upload?\*

**Choices**

Yes

No

*LOS Uploads*

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**Letter of Support #1**

*File Size Limit: 1 MB*

## Letter of Support #2

*File Size Limit: 1 MB*

### *Collaboration*

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Will your organization be collaborating with other organizations to make this project happen?\*

Choices

Yes

No

### *Collaboration Branch*

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Please indicate which organization(s) and describe the collaborative efforts:\*

*Character Limit: 1000*

### *Project Longevity*

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Is this, or will this become, an ongoing project?\*

Choices

Yes

No

### *Longevity Branch*

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Please describe how the organization will support the project in the future without MPACF support. \*

*Character Limit: 1000*

### *Additional Proposals*

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Is your organization planning to submit more than one proposal this cycle?\*

Please note that ALL eligible organizations are able to submit ONLY two proposals for each competitive cycle.

Choices

Yes

No



## *Proposal Branch*

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Please indicate in priority order the grant proposals your organization plans to submit.\*

Please include project name when listing request priority.

*Character Limit: 2500*

## *Project Summary*

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### **Project Summary\***

Summary should be 1-2 sentences and should be adequate to describe the project to the public.

**Tip:** Your summary should describe what you're doing, with whom, and why.

*Character Limit: 350*

## *Declaration and Compliance*

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The information in this application is true and correct. I have been authorized to submit this information on behalf of the applicant organization.\*

### **Choices**

Yes