



P.O. Box 2573 Gary, IN 46403
www.MillerCommunityFund.org

Funding Proposal Instructions

- Funding Proposals of \$500 or less must complete the *Funding Proposal Cover Sheet* below and attach a project description not to exceed one page in length.
- Grant requests exceeding \$500 must complete the *Funding Proposal Cover Sheet* and submit a Proposal which conforms to the *Funding Proposal Format* below.
- Please type all attachments.
- Please use headings as provided.
- Please submit only one copy.
- Please do not include any materials other than those specifically requested at this time.
- Please do not send videotapes.
- Funding proposals will be evaluated by the MCF Fund Committee at its regular meetings on the first Wednesday of March, June, September and December. Funding requests must be postmarked 2 weeks prior to a meeting in order to be considered at that meeting.
- Final funding decisions are made by the MCF board of directors at their regular meetings held the on second Wednesday of March, June, September and December.
- Applicants will be notified by the MCF board of is decision. Funding checks are usually mailed during the first week of the month following a meeting of the MCF Board. All correspondence will be directed to the contact individual listed on the Funding Proposal Cover Sheet.

Exclusions

- Funding Proposals made for lobbying or any type of political activity will not be considered.
- Funding Proposals made in the name of individuals will not be considered.
- Funding Proposals made by religious organizations must be for projects that are secular in nature, proposals for clerical projects will not be considered.
- Funding Proposals that are not project oriented will not be considered.
- Funding Proposals made for the purchase of products, tickets and/or any other items specifically marketed as fundraising items will not be considered.

Mail completed grant proposal documents to:

The Miller Community Fund
P.O. Box 2573
Gary, IN 46403

The Miller Community Fund Funding Proposal Cover Sheet

Name of Organization (Exact Legal Name): _____

Project name: _____

Project goals (one sentence): _____

Mailing address: _____

Telephone number: _____ Fax: _____ URL: _____

Contact person and title: _____ Email: _____

Has your organization made a prior grant request to *The Miller Community Fund*? (yes or no): _____

If yes, did your organization receive funding? (yes or no): _____ Amount of funding received: \$ _____

Is your organization an IRS 501(c)(3) not-for-profit? (yes or no): _____ (if yes, attach a copy of IRS letter)

Total Funding Requested: \$ _____ Total project budget: \$ _____

Project begin and end dates: _____ Organization annual budget \$ _____

Authorizing signature: _____ Printed name: _____ Date: _____

By affixing my signature hereon, I authorize the release of the above information to *The Miller Community Fund* and certify the accuracy of this information. Additionally, in the event that a grant is made I agree to the following terms and conditions on behalf the organization:

1. Wherever possible, items purchased utilizing grant money should reference *The Miller Community Fund* (advertisements, signage, web sites, press releases, programs, uniforms, hats, clothing, etc).
2. Press releases and marketing materials issued by your organization should reference *The Miller Community Fund, Inc.*
3. *The Miller Community Fund* requires an Activity Report from the Grantee every 6 months and a final report within 60 days of project termination. Failure to submit a report may disqualify your organization for future funding from the *Miller Community Fund*. The report must describe in detail how funds have been spent (in accordance with the guidelines below), and state the positive impact of the project in as quantitatively as possible. Mail correspondence to: The Miller Community Fund, P.O. Box 2573, Gary, IN 46403.
4. Funds may only be expended upon items which will directly contribute to the achievement of the Project goals as set out above. The Grantee acknowledges *The Miller Community Fund's* authority to withhold and/or to recover grant funds in case such funds are, or appear to be, misused.

FOR MILLER COMMUNITY FUND OFFICE USE ONLY

Date Request Received: _____ Date Distributed to Committee: _____

Date Acted upon by Committee: _____ Committee Decision: _____

Amount of Grant: _____ Date Notification Sent to Applicant: _____

Date Notification Sent to Legacy: _____

Date Follow-up Report Due: _____ Date Report Received: _____

The Miller Community Fund Funding Proposal Format

I. PROPOSAL SUMMARY: one-half page, maximum.

Please summarize in a short paragraph the purpose of your organization. Briefly explain why your organization is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if a grant is made.

II. NARRATIVE: - Five pages maximum.

A. Background - Describe the work of your agency, addressing each of the following:

1. A brief description of its history and mission.
2. The need or problem what your organization works to address, and the population that your organization serves, including geographic location, socioeconomic status, race, ethnicity, gender, sexual orientation, age, physical ability and language.
3. Current programs and accomplishments. Please emphasize the achievements of the recent past.
4. Number of paid full-time staff, number of paid part-time staff: number of volunteers
5. Your organization's relationships - both formal and informal - with other organizations working to meet the same needs or providing similar services. Please explain how you differ from these other agencies.

B. Funding Request - Please describe the program for which you seek funding.

1. If applying for *general operating support*, briefly describe how this grant would be used.
2. If your request is for a *specific project*, please explain the project including:
 - ◆ A statement of its primary purpose and the need or problem that you are seeking to address.
 - ◆ An explanation of how this project will serve to improve the quality of life in the Miller/46403 area.
 - ◆ The population that you plan to serve and how this population will benefit from the project.
 - ◆ How the project contributes to your organization's overall mission

C. Evaluation - Please explain how you will measure the effectiveness of your activities. Describe your criteria for a successful program and the results you expect to have achieved by the end of the funding period.

III. ATTACHMENTS

A. Financial Information

the first Wednesday of March, June, September and December

1. A project budget including both anticipated revenue and expenses.
2. A list of committed sources of support for the project with amounts committed and a list of other grantmakers to whom this proposal is being submitted.
3. A copy of the organization's current annual budget including anticipated revenue and expenses
4. A copy of the year end financial statement for your most recently completed fiscal year.
5. A list of major funders of the organization

B. Other Supporting Materials

1. A list of your Board of Directors, with their affiliations.
2. Copy of IRS letters indicating 501(c)(3) status or Certificate of Incorporation as an Indiana Nonprofit Corporation
3. Annual report, if available
4. One-paragraph resumes of key staff.
5. One or two recent articles, newsletters or other material which describe the organization's work.