



Marietta Community Foundation

DISCRETIONARY GRANT PROPOSAL NARRATIVE

I. AGENCY INFORMATION

Name of Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Tax ID Number (EIN): _____

Website: _____ IRS Code ex:501(c)(3): _____

CEO/Executive Director: _____ Email: _____

Name & Title of Contact Person (if different than above): _____

Contact Phone Number: _____ Email: _____

II. PROJECT INFORMATION

Name of Project: _____

Total Program or Project Budget: _____

Amount of Grant Request: _____

Briefly describe the purpose for which you are requesting funds (100 words max.):

For MCF Use Only:

Grant Cycle: _____

Grantee ID Code: _____

Receipt:

II. PROJECT INFORMATION CONTINUED

Proposed Program

Please indicate desired outcomes (e.g. what difference it will make in people's lives); show how it will support the mission of the organization; what community issues does it address.

Program Methods

Describe the activities that will accomplish your program's desired outcomes. Show schedule with which you expect to achieve your goals.

Target Population

Who will benefit from this project? Estimate the number of people to be served, the amount of services they will receive and the geographic area it will affect.

II. PROJECT INFORMATION CONTINUED

Collaboration

Are you collaborating with other agencies? Please indicate which one(s) and describe the collaboration efforts.

Evaluation

Please specify three measurable impact goals and explain how you will evaluate the results and intended outcomes.

Future Plans

Is this (or will it become) an ongoing project? If “yes” please describe how you will support it in the future.

III. PROJECT BUDGET

EXPENSE	TOTAL COST	REQUESTED PORTION
Staff Salaries		
Administration		
Travel		
Equipment		
Supplies _____		
Supplies _____		
Supplies _____		
Utilities/Overhead		<i>Not eligible for funding</i>
Evaluation		
Other _____		
Other _____		
Other _____		
OVERALL TOTAL:	\$ _____	\$ _____

NOTE: Please ensure that the overall total cost and overall total requested portion matches the “Total Program or Project Budget” and “Amount of Grant Request” reported in Section II. Project Information, respectively.

Other Funding Requests

Using the table below, please report the name(s) of the prospective source(s) of funding, the amount requested or committed and the status (pending, committed, etc.)

FUNDING SOURCE	AMOUNT REQUESTED	STATUS
OVERALL TOTAL:	\$ _____	\$ _____

With my signature below, I hereby certify the information contained in this application to be correct, the organization’s tax status to be in good standing with the IRS, and that this application has been authorized by the Governing Board.

Signature of Contact Person _____ Date _____

Signature of Governing Board Member _____ Title _____