

Hillsdale County community foundation Online For good. For ever.® GRANT Applications

Hillsdale County Community Foundation
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Hillsdale, MI 49242
517-439-5101

Tips for using the online application.

- You can click *Save & Continue* or click the *Pages* drop down to move to another page.
- To navigate back to the main menu, click *Applicant* at the top of the screen.
- A red asterisk (*) indicates a required field. Applicants will be able to move from page to page without filling in a required field; however, they will be unable to submit an application until all the required fields are filled in. When Applicants click the submit button, a box will appear indicating any required fields that were not filled in.
- We recommend not entering unique symbols such as &, *, %, or #. While they can be entered and will not be a problem with application submission, they may render different on the .pdf report.
- Inactivity: If you have not saved any information for *60 minutes* and then try to save or enter information, you will get a page error. Any unsaved information will be lost.
 Simply click the back button and sign in.

https://goapply.akoyago.com/HILLSDALE

HOME PAGE/LOGIN PAGE

The Login Page is the gateway for GOapply applicants. Access the Login Page using the URL https://goapply.akoyago.com/hillsdale. Everyone must create an account before they can view applications or complete applications.

| coapply | | SignIn EIN/T | ax ID |
|----------|------------------------------|---------------------------|-----------------|
| Log In | | | |
| Email | | Continue | e Without TaxId |
| Password | Forgot Password? | | େ Reg |
| | Sign In New Here? Sign Up | | EIN |
| | | | Conti |
| | Click SIGN UP | The fields on this screen | |
| | to create an | Then click the Register b | outton |
| | account. | 4 | Yc |
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| co apply | |
|-------------------------|---|
| Register | |
| EIN/Tax ID Submit | Semple Format US 12:3456789 (ALL NUMBERS) Canada: 1AD2345H67/IBRR9 (ALPHANUMERIC) |
| Continue Without Taxld | |

| | | Register |
|--|------|---------------|
| Sample Format US: 12-4466786 (ALL N Canada: 1AD2345H6718 | Subm | EIN/Təx ID |
| US: 12-3455789 (ALL N | Subm | |

to be entered:





Before you begin:

- Have you read the HCCF Grant Policy & Procedures?
 Description of full within the avoidable set
- Does your request fall within the guidelines?
- Is your project reasonable in process and amount?
 HAVE YOU CALLED THE FOUNDATION TO TALK ABOUT YOUR REQUEST?

| Application | nter or update your organization's info | ormation. |
|--|---|-----------|
| Entity Map | | |
| | Organization Information | |
| Legal name of applying organization: | | |
| Organization's common name (if different than above): | | |
| Address: | | |
| City: | | |
| State: | Select + | |
| Zip Code: | | |
| Organization Phone: | | |
| Organization Email: | | |
| Website: | | |
| Organization EIN #: | | |
| Chief Executive Officer First Name: | | |
| Chief Executive Officer Last Name: | | |
| CEO Email: | | |
| Grant Contact First Name: | | |
| Grant Contact Last Name: | | |
| Grant Contact Phone Number: | | |
| Grant Contact Email: | | |
| Grant Contact Job Title: | | |
| Has your governing board formally approved this project and author | | |
| Date approved by board (if applicable): | mm/dd/yyyy | |

Enter your project information. Application Program/Project Information Program/Project Title: Amount Requested: Total Project Cost: Project Start Date: mm/dd/yyyy Project End Date: mm/dd/yyyy Geographic area served by this project: Estimated # direct recipients this project will serve: Who are the direct recipients? Explain: (no more than one sentence) Estimated # indirect recipients this project will serve: Who are the indirect recipients? Explain: (no more than one sentence)

General Grant Application

Application

Program/Project Summary

Provide a brief program/project overview answering the following: What is the project, why is it necessary, who is coordinating the efforts, where is the project located, who will the project impact, and what impact will the project have on the community.

> Program/Project Summary: What is your project? Why is it necessary? Who will be coordinating the efforts? Who will it impact? What impact will it have on our community?

THINGS TO INCLUDE IN YOUR SUMMARY

- Who Who are you going to serve?
- What What activity/project /purchased item(s) is going to help you achieve the goal? Is an item What do we need to know?
- How How are you going to implement the project or where are you going to purchase item(s)? Process? Quotes?
- Why What are you doing this and what will happen if you don't?
- Who Cares What are your outcomes? Can you articulate impact? Who else is involved? Letters of Support needed?

General Grant Application

| Application | | If you are part of a |
|---|---|--|
| Please attach the following: | Budget Information | LARGE organization, please upload your department budget in lieu of the entire 990. |
| Most recent IRS 990: | Choose File No file chosen | |
| Applicant's most current organizational operating budget: | Choose File No file chosen | |
| Most recent year-to-date financial statement: | Choose File No file chosen | |
| Documentation substantiating project expenses (quotes, bids, etc.): | Choose File No file chosen | |
| Addtional Files | Choose File No file chosen | |
| | Upload your budget information files: IRS 990 Form Operating Budget Financial Statement | |

Documents with project expenses (quotes, bids, etc.)

Create a Zero-Based Budget Revenues = Expenses

General Grant Application

| | Revenues for Proje | ect |
|-----------------------|--------------------|-----|
| Funding Source 1: | Ticket Sales | |
| Amount: | 5000.00 | |
| unding Source Status: | Pending | • |
| unding Source 2: | Auction items | |
| mount: | 5000.00 | |
| unding Source Status: | Pending | • |
| unding Source 3: | HCCF | |
| mount: | 20000.00 | |
| unding Source Status: | Pending | • |
| unding Source 4: | | |
| mount: | | |
| unding Source Status: | Select | * |
| unding Source 5: | | |
| mount: | | |

General Grant Application

| Application | | |
|---------------------------------|------------------------------|---|
| | Expenses for Program/Project | Ì |
| Item 1: | | |
| Estimated costs: | | |
| Item 2: | | |
| Estimated costs: | | |
| Item 3: | | |
| Estimated costs: | | |
| Item 4: | | |
| Estimated costs: | | |
| Item 5: | | |
| Estimated costs: | | |
| Item 6: | | |
| Estimated costs: | | * |
| Total program/project expenses: | | |

General Grant Application

| Application | | |
|---|------------------|------------------------------------|
| How will funding from the Hillsdale County Community Foundation be used? Explain specific items and/or areas of the program/project that HCCF funds would support. | Budget Questions | Answer the budget questions: |
| How would this program/project be impacted if awarded partial grant funding from HCCF? How would this program/project be impacted if not awarded any grant funding from HCCF? | | * |
| Describe the amount and source of any internal funds dedicated to this project. Have you secured or do you plan on securing additional funds to support this program/project? Who have you contacted or plan on contacting? | | |

Grant Writing Tips

Present a logical solution to your problem:

It's important to think of your proposal as a story with a beginning (problem or opportunity), middle (solution is your program), and the end (results are your outcomes).

Tell the same story in the budget and proposal narrative:

The project budget is another opportunity to tell your story! Many funders say that the budget is the first thing they read.

Convince the funder you know what you're doing:

The proposal should show that you're aware of the need in your community and a strong response. After reading the proposal, the funder should feel confident that your organization would a responsible recipient of the funds.

Additional Information

• Grant Period is One Year

(or 90 days following the end of the project)

- Check your Grant Agreement for approved expenses.
- IF your plans/project changes, <u>please give us a call</u>.
- Expenditure Responsibility is required. <u>Save your receipts!</u>
- Grant expenses must be <u>after approval date</u>.
- One (1) approved application every 18 months.

Grant Application Due Dates

