Online GRANT Applications

Hillsdale County
community foundation ℠
For **good.** For **ever.** ®

Hillsdale County Community Foundation

2 South Howell Street

PO Box 276

Hillsdale, MI 49242
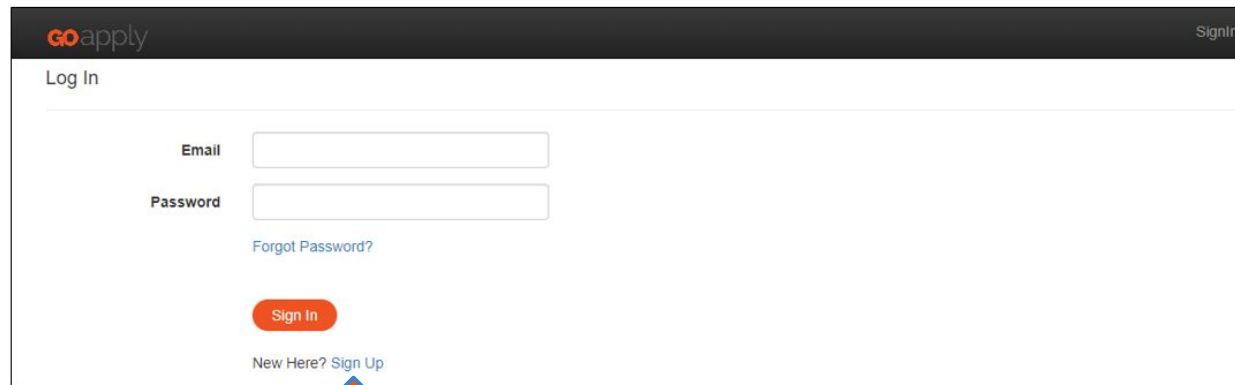
517-439-5101

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.

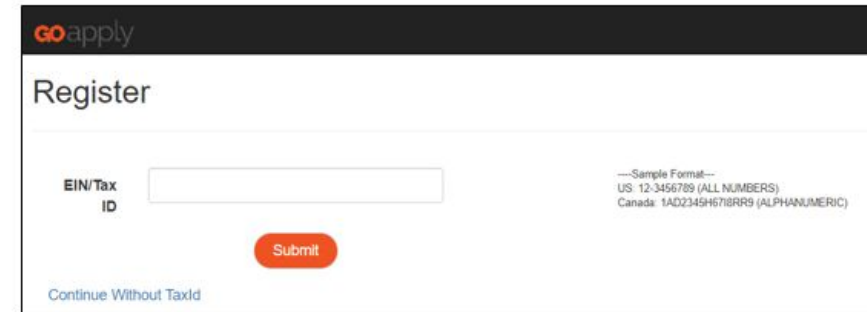# https://goapply.akoyago.com/HILLSDALE

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.
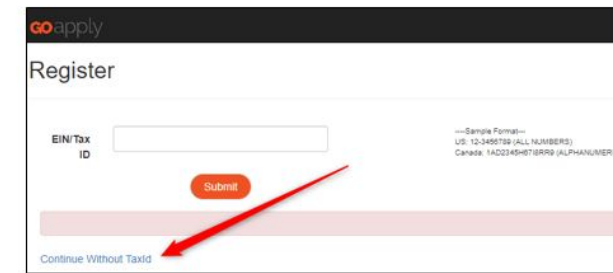
GOapply   SignIn

Log In

Email   [   ]

Password   [   ]

Forgot Password?

Sign In

New Here? Sign Up

Click SIGN UP to create an account.

GOapply

Register

EIN/Tax ID   [   ]   ----Sample Format----
US: 12-3456789 (ALL NUMBERS)
Canada: 1AD2345H67I8RR9 (ALPHANUMERIC)

Submit

Continue Without TaxId

GOapply

Register

EIN/Tax ID   [   ]   ----Sample Format----
US: 12-3456789 (ALL NUMBERS)
Canada: 1AD2345H67I8RR9 (ALPHANUMERIC)

Submit

Continue Without TaxId

The fields on this screen will need to be entered:

Then click the Register button

You may sign up *with* or *without* your EIN/Tax ID.

GOapply

Register

First Name   [   ]
First Name is required

Last Name   [   ]
Last Name is required

Email   [   ]
Email is required

Password   [   ]
Password is required

Confirm Password   [   ]

Organization Name   [   ]
Organization Name is required

State/Province   [   ]

City   [   ]
City is required

ZipCode   [   ]
Zip Code is required

Register

Before you begin:

❏ Have you read the HCCF Grant Policy & Procedures?
❏ 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

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:
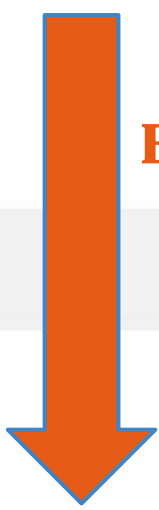
Grant Contact Email:

Grant Contact Job Title:

Has your governing board formally approved this project and author Select

Date approved by board (if applicable): mm/dd/yyyy

Enter your project information.

Application

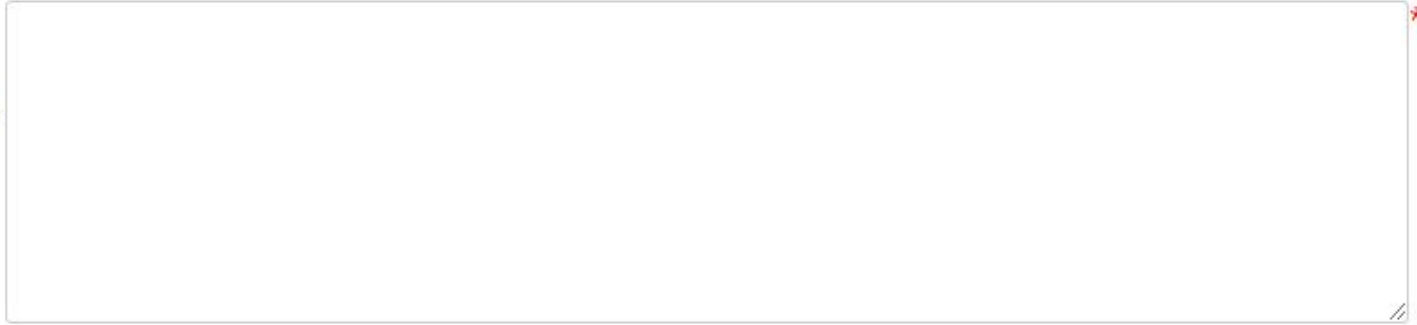## Program/Project Information

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

Budget Information

Please attach the following:

Most recent IRS 990:   [Choose File] No file chosen

Applicant's most current organizational operating budget: [Choose File] No file chosen

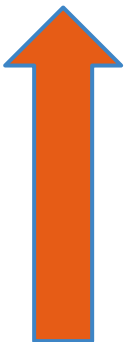Most recent year-to-date financial statement: [Choose File] No file chosen

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		
Application		
Revenues for Project		
Funding Source 1:	Ticket Sales	
Amount:	5000.00	
Funding Source Status:	Pending	
Funding Source 2:	Auction items	
Amount:	5000.00	
Funding Source Status:	Pending	
Funding Source 3:	HCCF	
Amount:	20000.00	
Funding Source Status:	Pending	
Funding Source 4:		
Amount:		
Funding Source Status:	Select	
Funding Source 5:		
Amount:		

General Grant Application	
Application	
Expenses for Program/Project	
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

Budget Questions

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.

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?

Answer the budget questions:

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.