

**Portland Community Fund Association  
P.O. Box 524  
Portland, Michigan 48875**



Greetings! Attached please find the grant application from The Portland Community Fund Association for 2012. **Please read this letter carefully** as some portions of the process from the past have changed.

Please follow the order outlined in this form, using the same headings, numbers, and page breaks indicated, to assist those reviewing the proposals. Please feel free to visit our website, [www.portlandcommunityfund.org](http://www.portlandcommunityfund.org) to download an electronic copy of the application. The application and all the attachments as outlined below are due on or before **December 31, 2011**. Please review the following list of required attachments:

1. **Cover Letter: Containing** the date of application, organization name, address, phone number and website. Also include the name, phone number and email address for the Executive Director and Contact Person.
2. **Application:** (see page two)
  - A. Purpose of Funding
  - B. Itemized Project Budget
3. **Attachments:**
  - A. Copy of 501(c)3 determination letter
  - B. Copy of most recent audit or 990 Tax Forms. (If you are tax exempt and not required to file taxes we need copies of your Detailed Income and Expense Report for your Fiscal Year.)
  - C. Copy of State of Michigan License to Solicit or the Exemption Certificate from the Michigan Attorney General's Office
  - D. List of current members of the Board of Directors
  - E. Signed SECC Affirmation of Non-Discrimination
4. **Copies:**
  - A. 2 copies of the Cover Letter and Application
  - B. 2 copies of each Attachment

All information should be sent to PO Box 524, Portland, MI 48875. Please feel free to contact me at the number below with any questions you have regarding this process. We look forward to reviewing your application and partnering with your agency in the coming year!

**Sincerely,**

**Sandy Olson, President  
Portland Community Fund Association  
517-647-6306**

## Application for Funding

You may prepare your application on this form or, if you prefer, with your word-processing program, but it **MUST** follow the order outlined in this form, using the same headings, numbers, and page breaks indicated, to assist those reviewing the proposals. Please submit the following information in this order, using these headings, subheadings and numbers.

### A. Purpose of Grant

1. Statement of Needs: *75-100 words, describe the issue that this program will address.*

2. Project Name:

3. Program Narrative: *150-250 words, describe the proposed program to be funded.*

4. Percent of agency budget that is administrative cost: **(If your administrative cost is over 25% please explain why)**

1. Management and General Expenses (if you file a tax return 990 this will be Part IX, Line 25, Column C) \$ \_\_\_\_\_
2. Fund Raising Expenses (if you file a tax return 990 this will be Part IX, Line 25, Column D) \$ \_\_\_\_\_
3. Total Revenue (if you file a tax return 990 this will be Part VIII, Line 12, Column A) \$ \_\_\_\_\_

5. Estimated number of community members in the Portland School District you will directly or indirectly impact:

6. Please list your organization **web-site** address, and a person to contact should we have any questions regarding this application or any follow up after allocations have been made on how the funding was spent.

7. Please list your organization board members: (name and titles)

**B. Itemized Project Budget**

Budget Item and Description	Total Cost of Item	Funds Requested from PCFA
<b>TOTALS</b>		



**AFFIRMATION OF NON-DISCRIMINATION**

**At a meeting of the governing board of (name of organization)\_\_\_\_\_ held on (date)\_\_\_\_\_ the board ( ) adopted a policy, ( ) affirmed its policy of non-discrimination as follows:**

**Consistent with Department of Management & Budget Policy Number 1220.05, it is the policy of the (name of organization)\_\_\_\_\_ to provide equal opportunities to all eligible persons to the extent required by applicable State and federal laws.**

**I certify that the practices of this organization conform to the policy of non-discrimination stated above.**

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**Signature of Board President or other authorized official  
Date**