

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

November 8, 2009



Greetings! Attached please find the grant application from The Portland Community Fund Association for 2010. **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 to download an electronic copy of the application. The application and all the attachments as outlined below are due on or before **January 15, 2010**. 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.
 - 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 Authenticity Form
 - F. 2008/2009 program funding evaluation (see page three, to be completed if your program was funded last year by Portland Community Fund Association).
4. **Copies:**
 - A. 1 copies of the Cover Letter and Application
 - B. 1 copies of each Attachment

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**



B. Itemized Project Budget

Budget Item and Description	Total Cost of Item	Funds Requested from PCFA
TOTALS		



I, _____, _____
Print Name **Title**

of _____, hereby certify that the attached reports,
Organization Name

financial and budget information accurately reflects the financial position and anticipated needs of our organization. It is the policy of our organization to provide equal membership/employment/service opportunities to all eligible persons without regard to race, religion, creed, color, national origin, age, sex, parental status, handicapping condition, or membership in any labor union. Our Federal Income Tax Exemption has not been revoked and is in good status.

_____, on behalf of _____
Date **Organization**

Representative's Signature