



Common Grant Application

for component funds at the Door County Community Foundation, Inc.

This Common Grant Application Form is designed to simplify the application process for charities that seek financial assistance from the component funds of the Door County Community Foundation, Inc. Submit this Application Form and any other required information to each grant program to which you would like to apply. Please note that deadlines, supporting documents, priorities, and different responses may be required of different component funds at the Community Foundation. Please review the specific instructions for the granting program to which you are applying. For more information, call (920) 746-1786, or email grants@givedoorcounty.org. All completed grant applications and supporting materials should be submitted electronically to applications@givedoorcounty.org.

1. APPLICANT INFORMATION

Name of Organization: _____

Mailing Address: _____

Contact Person's Name & Title: _____

Contact Person's Email: _____ Telephone: _____

Board Chairperson's Name & Title: _____

Board Chairperson's Email: _____ Telephone: _____

2. PROJECT OR INITIATIVE

Name of Project or Initiative: _____

Project Description
(up to 2 sentences): _____

Contact Person's Name & Title: _____

Contact Person's Email: _____ Telephone: _____

3. GRANT PROGRAM

Please identify the grant program that might be appropriate for your project. You may select more than one.

☐ Bargains Unlimited Charitable Fund

☐ Community Investment Fund*

☐ Door County Mental Health Support Fund

☐ Healthy Water Door County

☐ Women's Fund of Door County*

☐ Community Foundation Sustainability Grant

Includes the following:

- Door County Arts Fund
- Door County Children & Youth Fund
- Door County Education Fund
- Door County Green Fund
- Door County Growing Older Fund
- Door County Health & Human Needs Fund
- Door County Historic Preservation Fund

*Applications for grants from these funding sources require an additional addendum. Please visit the appropriate website for more information.

CORPORATE DOCUMENTS

Please submit the following documents with your application:

- Complete list of your organization's current officers and directors. Should any directors include paid staff, provide your Conflict of Interest and Whistleblower policies.
- Most recent independently audited financial statements. If audited financial statements are not available, submit the financial statements for your most recent budget year and a statement explaining why your organization has chosen not to undergo an independent audit.
- Copy of your 501(c)(3) public charity or private operating foundation tax-determination letter issued by the Internal Revenue Service. You do not need to include your IRS determination letter if it was submitted previously and your tax-exempt status has not changed. If you are not a 501(c)(3) organization, please contact us for more guidance.

5. ISSUE OR OPPORTUNITY

Define the issue or opportunity you are going to address, using facts and statistics where appropriate. The length of your response is limited to the space below, but you do not need to fill the entire space if a brief response is sufficient.

6. ACTIVITIES TO BE FUNDED

Explain the specific activities you are asking us to support and how they will address the issue or opportunity you have defined in Section 5. The length of your response is limited to the space below, but you do not need to fill the entire space if a brief response is sufficient.

7. ORGANIZATIONAL OVERVIEW

Provide an overview of your organization and why it is qualified to conduct the activities articulated in Section 6. If there are other organizations that offer similar programs in Door County, explain how yours is unique, serves a different population, or is different in some other way which warrants the awarding of a grant. The length of your response is limited to the space below, but you do not need to fill the entire space if a brief response is sufficient.

8. BUDGET

Present a budget summary for the project or initiative, clearly articulating that which you are asking our grant program to support and other anticipated sources of revenue, if any.

Line	Budget Item	Amount Needed	Amount You Are Requesting as a Part of this Application
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
6		\$	\$
7		\$	\$
8		\$	\$
9		\$	\$
10		\$	\$
11		\$	\$
12		\$	\$
13		\$	\$
14		\$	\$
15		\$	\$
16		\$	\$
17		\$	\$
18		\$	\$
19		\$	\$
20		\$	\$
TOTAL:		\$	\$

List all outside funding sources (foundation grants, donor requests, government support, etc.) to which you have applied for this project and the status of that request.

Line	Funding Source	Amount Requested	Is funding request pending or confirmed?
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	
TOTAL:		\$	

If you'd like to offer additional information relating to this application's budget, include it in the space provided below.

9. SPECIAL CONSIDERATION

We hope to promote certain best practices in the charitable community. While it is not required of any applicant, those that demonstrate any of the following will receive special consideration during the evaluation process:

- **Collaborative** – brings different organizations together to accomplish a common goal
- **Innovative** – offers a new or unique approach to addressing an issue
- **Sustainable** – demonstrates an ability to continue beyond the duration of any grant awarded
- **Inclusive** – considers the community's diversity by engaging diverse peoples
- **Environmentally Conscious** – incorporated practices that are environmentally friendly
- **County Issue** – addresses an issue that is widely recognized throughout the entire County as a priority.

If any of these special considerations apply to your grant application, please explain how in the space below.

10. ADDITIONAL INFORMATION

Please refer to the online instructions for the individual grant program to which you are applying to determine if additional questions must be answered, or other documents are required. If so, please attach them accordingly.

11. SIGNATURE OF CEO

Chief Executive Officer's Name & Title: _____

Chief Executive Officer's Email: _____ Telephone: _____

The Chief Executive Officer of your organization must review and sign this application. This is required so we can confirm that your senior management is aware of and approves this application. For purposes of this application, this is generally the highest-ranking paid staff person in your organization. For schools, the superintendent must sign. For units of government, the highest-ranking official such as a mayor or administrator must sign. For an all-volunteer organization, the Board President must sign.

By signing (or typing) my name below, I declare under penalty of perjury that all statements contained in this application and any accompanying documents are true and correct to the best of my knowledge.

CEO's Signature (you may also type your name as your "signature")

Title

Date