

VOLUNTEER EMERGENCY SERVICES REQUEST FOR FUNDING APPLICATION

For application FAQs, please visit phfgive.org/faq

PHF Mission:

To positively influence a healthier community through enhanced philanthropy and collaboration.

PHF Vision:

To influence a shared vision.
To foster collaborations and partnerships.
To build community capacity to shape outcomes.

PHF Service Area:

Baraga, Houghton, Keweenaw and Ontonagon Counties, Michigan

FUNDING ELIGIBILITY

To be eligible to apply for grant funding through the Portage Health Foundation (PHF), your organization must be one of the following:

- a) registered 501(c)(3) non-profit organization;
- b) government entity or local municipality; or
- c) publicly funded institution of education.

To apply, the following conditions must be met and documentation **MUST** be included with the Request for Funding Application. **PHF will not consider incomplete applications.**

501(c)(3) Non-Profit Organization		Government Entity		Public Institution of Education	
<input type="checkbox"/>	Proposal budget	<input type="checkbox"/>	Proposal budget	<input type="checkbox"/>	Proposal budget
<input type="checkbox"/>	Be domiciled in PHF service area	<input type="checkbox"/>	Be domiciled in PHF service area	<input type="checkbox"/>	Be domiciled in PHF service area
<input type="checkbox"/>	Current IRS Tax-Exempt status letter	<input type="checkbox"/>	Current IRS Tax-Exempt Status Letter	<input type="checkbox"/>	Current IRS Tax-Exempt status letter
<input type="checkbox"/>	Current 990 filing cover sheet	<input type="checkbox"/>	Certified financial audit letter	<input type="checkbox"/>	Certified financial audit letter
<input type="checkbox"/>	Certified financial audit or CPA reviewed financial statements	<input type="checkbox"/>	Completed application with supporting materials	<input type="checkbox"/>	Completed application with supporting materials
<input type="checkbox"/>	Current License to Solicit				
<input type="checkbox"/>	Completed application with supporting materials				

If you have questions or need additional information, please refer to our Grant Policies and Guidelines on our website (www.phfgive.org/grants), email info@phfgive.org or contact our office at (906) 523-5920.

APPLICATION SUBMISSION

All application requests must be submitted on the Request for Funding Application form **at least two months in advance** of the project start date and must be received in the Portage Health Foundation office no later than the last day of the month to be considered at the next PHF Grants Management Committee meeting (e.g., project start date of 1/1/XX – application is due 10/31/XX). **If you are responding to a specific Request for Proposal, please note the deadline date(s) for submission of the application material within the RFP instructions.** Return completed applications to:

Portage Health Foundation	Phone: 906.523.5920
400 Quincy St., PO Box 299	Fax: 906.523.5925
Hancock, MI 49930	email: info@phfgive.org (as a PDF)

We consider applicants regardless of race, color, religion, sex, national origin, age, marital or veteran status.
Submission of an application is not an implied guarantee of funding.



APPLICANT INFORMATION

Organization Name: _____ EIN/Tax ID #: _____

Organization Website: _____

Organization Type: Non-Profit Government/Local Municipality Public Institution of Education

Organization Address: _____
Street/PO Box City State Zip

Project Contact: _____
Name E-mail Telephone

Who will be responsible for grant reporting requirements: _____
Name Contact Information

Member authorized to submit application: _____
(e.g., CEO – see FAQs on website for acceptable signatories) Name Position

Authorized member's signature: _____

PHF is unable to provide funding for individual or family fundraisers.

Would you like to receive the PHF Monthly Newsletter? No Yes, e-mail: _____

PROPOSAL INFORMATION

Is this application in response to a Request for Proposal, if so, which proposal? _____

Project Name: _____ Application Date: _____

Project Start Date: _____ Project End Date: _____ Is this an existing project? Yes No

Amount Requested: \$ _____ Date Funding is Needed: _____

TARGET POPULATION

Anticipated Number of Persons Served: _____ per Month per Annum per Project/Activity

County Served: Baraga Houghton Keweenaw Ontonagon

PROPOSAL NARRATIVE

MFIRIS I.D. Number: _____

Priority #	Project Description	Estimated Cost

Area Protected (Municipality, Township, etc.)	Square Miles	Population

Equipment	Truck	Year

Check appropriate answer or write in, if necessary.

1. Number of fire departments involved in this project?
1 department
2 – 4 departments
County-wide
2. Number of communities served: _____
3. Population of area served by the fire department:
5,000 to 10,000
1,000 to 5,000
1,000 or less
4. Number of formal, written, non-pay mutual aid agreement? _____
5. What is your approximate annual budget?
\$15,000 or above
\$10,000 to \$15,000
\$10,000 or less
6. Organization:
Part paid, 1 – 3 full-time fire personnel
Volunteer, fire personnel reimbursed (per run, etc.)
All volunteer, no reimbursement
New department established within the last year
7. Is your community presently participating in a Farmer's Home Administration Community Facilities Loan?
Yes
No
8. Are you under a commercial loan?
9. Usual fire hazards?
Natural Gas or bulk petroleum storage facilities
Nursing home(s) or hospital(s)
Other, briefly explain _____
10. Water supply?
Community has a hydrant system
Water is transported with a separate tank unit
Draft or return to station for additional water
11. Insurance Classification (protection class):
1 through 6
7 through 8
9 through 10

PROPOSAL BUDGET

Total Amount Requested: \$ _____

Revenue Sources (identify revenues related to the grant project as opposed to the organization's overall revenues – do not include amount requested from PHF):

Earned Income:	\$ _____
Corporate/Government Contracts:	\$ _____
Other, please specify: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Revenue: \$ _____

Expense Items (identify expenses related to the grant project as opposed to the organization's overall expenses):

Salaries/Wages (please breakdown by individual	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
position and attach additional pages if necessary):	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>

Insurance, Benefits, and Related Taxes:	\$ _____
Consultants/Professional Fees:	\$ _____
Travel:	\$ _____
Supplies:	\$ _____
Printing/Copying:	\$ _____
Telephone/Fax:	\$ _____
Postage/Delivery:	\$ _____
Rent/Utilities:	\$ _____
Depreciation:	\$ _____
Indirect Costs, please specify: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Other Costs, please specify: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Expenses: \$ _____

Revenue Over/ (Under Expense): \$ _____

If awarded funding, any expenditure variance(s) to the proposed budget will require a grantee to submit a Grant Amendment Request form.

APPLICATION CHECKLIST

Please make sure to submit the following documents as **PHF will not consider incomplete applications:**

- | | |
|--|--|
| <input type="checkbox"/> Application | <input type="checkbox"/> Financial Information |
| <input type="checkbox"/> Proof of Tax Exemption | <input type="checkbox"/> Proposal Budget |
| <input type="checkbox"/> License to Solicit Charitable Contributions | <input type="checkbox"/> Form 990 cover sheet (page 1) |

PHF RECOGNITION & FOLLOW-UP REPORTING

All grantees are required to recognize PHF as a funding provider on all printed materials and publicity for the project. Please contact the PHF office for our publicity policy and/or logo.

If awarded funding, all grantees are required to submit interim progress reports for the duration of the grant period (e.g., after first six months and then every three months) and a final report. Reports are due to PHF no later than seven (7) days after the reporting period ends (e.g., the reporting period ends 9/30/XX – progress report is due 10/7/XX; grant period ends 12/31/XX – final report is due 1/7/XX). PHF will work with all grantees regarding their reporting schedules. PHF reserves the right to revoke a grant award and/or deny subsequent requests for funding if PHF does not receive follow-up reports from a grantee.

DO NOT COMPLETE – PHF USE ONLY

Proposal Approved: Yes No

Approved or Denied by: _____ Date: _____

Signature: _____ Title: _____

Grant Amount: \$ _____ Check #: _____ Check Sent: _____

Notes: _____
