



REQUEST FOR FOOD PANTRY / EMERGENCY FOOD ASSISTANCE APPLICATION

CSCHF Mission:

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

CSCHF Vision:

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

FUNDING ELIGIBILITY

To be eligible to apply for grant funding through the Copper Shores Community Health Foundation (CSCHF), 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. **CSCHF 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 CSCHF service area	<input type="checkbox"/>	Be domiciled in CSCHF service area	<input type="checkbox"/>	Be domiciled in CSCHF 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.coppershores.org/grants), email info@coppershores.org or contact our office at (906) 523-5920.

APPLICATION SUBMISSION

All application requests must be submitted on the Request for Funding Application form. The completed application must be received or postmarked no later than the deadline date noted on the RFP instructions.

Return completed applications to:

Copper Shores Community Health Foundation
400 Quincy St., PO Box 299
Hancock, MI 49930

Phone: 906.523.5920
Fax: 906.523.5925
email: info@coppershores.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 School Government

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: _____

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

PROPOSAL INFORMATION

Project Name: _____ Application Date: _____

Project Start/End Dates: _____ 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

1. Brief explanation what the grant monies will be used for?
2. How many individuals or families do you currently serve?
3. What community(s) do you serve?
4. Have you seen an increase in pantry and/or emergency food program usage this year? What data can you share with us regarding this increase?

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 CSCHF):

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 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"/>
	\$ _____	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 **CSCHF 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) |

CSCHF RECOGNITION & FOLLOW-UP REPORTING

All grantees are required to recognize CSCHF as a funding provider on all printed materials and publicity for the project. Please contact the CSCHF 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 CSCHF 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). CSCHF will work with all grantees regarding their reporting schedules. CSCHF reserves the right to revoke a grant award and/or deny subsequent requests for funding if CSCHF does not receive follow-up reports from a grantee.

DO NOT COMPLETE – CSCHF USE ONLY

Proposal Approved: Yes No

Approved or Denied by: _____ Date: _____

Signature: _____ Title: _____

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

Notes: _____

