REQUEST FOR FUNDING APPLICATION

For application FAQs, please visit www.coppershores.org

COPPER SHORES MISSION
To positively influence a healthful community through enhanced philanthropy and collaboration

COPPER SHORES VISION
To influence a shared vision (of a healthful community),
To foster collaboration and partnerships,
To build community capacity to shape outcomes.

COPPER SHORES STRATEGIC GOALS

1) To influence safe and healthful communities
2) To help improve access to care for mental and physical health services
3) To increase the number of well-nourished individuals in our community
4) To increase the number of mentally, emotionally, and physically-well and resilient people in our community
5) To empower individuals to achieve family-sustaining financial stability, and
6) To help make higher education accessible and affordable

Copper Shores Service Area:
Baraga, Houghton, Keweenaw and Ontonagon Counties, Michigan

FUNDING ELIGIBILITY

To be eligible to apply for grant funding through the Copper Shores Community Health Foundation, 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. **Copper Shores will not consider incomplete applications**.

501(c)(3) Non-Profit Organization		Government Entity		Public Institution of Education	
☐	Proposal budget	☐	Proposal budget	☐	Proposal budget
☐	Be domiciled in Copper Shores service area	☐	Be domiciled in Copper Shores service area	☐	Be domiciled in Copper Shores service area
☐	IRS Tax-Exempt status letter	☐	IRS Tax-Exempt Status Letter	☐	IRS Tax-Exempt status letter
☐	Current 990 filing	☐	Certified financial audit letter	☐	Certified financial audit letter
☐	Certified financial audit or Financial statements as required by state and federal law	☐	Completed application with supporting materials	☐	Completed application with supporting materials
☐	Current License to Solicit				
☐	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), email info@coppershores.org or contact our office at (906) 523-5920.

TARGETED FUNDING AREAS:

Objective Statement(s):

- To support the realization and maintenance of vibrant, resilient, safe and healthful communities,
- To help improve access to care for mental and physical health services by creating collaborations and partnerships amongst community stakeholders across all sectors,
- To increase the number of well-nourished people in our community by increasing awareness, access, and affordability of healthful, nutritious food,
- To increase the number of mentally, emotionally, and physically-well and resilient people in our community by increasing awareness, reducing stigma, improving access to care, supporting the development of necessary life-skills, providing advocacy and support, and addressing the effects of unmet individual health risks,
- To increase the number of people not living in poverty; while reducing the effects of economic oppression and generational health-risks to create a community that offers a positive quality of life and opportunities for all of its citizens, and
- To increase the number educated people in our community by making certificate, vocational and advanced-degree education and training more accessible and affordable for citizens while positively impacting and mitigating Social Determinants of Health (SDOH).

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 Copper Shores Community Health Foundation office no later than the last day of the month to be considered at the next Copper Shores 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:

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.

COPPER SHORES
COMMUNITY HEALTH
FOUNDATION

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: _____

Copper Shores is unable to provide funding for individual or family fundraisers.

Would you like to receive the Copper Shores 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: _____

Is this a multi-year project? ☐ Yes ☐ No

Is this request needed to obtain or match another grant? ☐ Yes ☐ No

If yes, please describe the other grant or match requirements: _____

_____

Is there additional funding for this project available from other committed or potential sources (not including a matching grant)? ☐ Yes   ☐ No Additional funding amount: $_____

If yes, please specify: _____

If no, would you be willing to accept partial funding? ☐ Yes ☐ No

If yes, how will you fund the remainder of the project? _____

_____

Please select our funding priorities that apply to this request (See Targeted Funding Areas for description)

☐ Safe & Healthful Communities   ☐ Healthy Individuals
☐ Access to Care   ☐ Income Stability
☐ Food Stability   ☐ Access to Education

This project: ☐ addresses an unmet community need
               ☐ is duplicated in the community
               ☐ is a collaborative effort

TARGET POPULATION

Please select the population targeted for this project:
☐ Broader Community   ☐ Low Income   ☐ Persons with Disabilities   ☐ Uninsured/Underinsured
☐ Other: _____

Gender Served: ☐ All   ☐ Male   ☐ Female   ☐ Other, please list: _____

Age Group Served: ☐ All   ☐ Ages 0-5   ☐ Ages 6-2   ☐ Ages 13-17   ☐ Ages 18-24
                   ☐ Ages 25-34 ☐ Ages 35-54 ☐ Ages 55-64 ☐ Ages 65+

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

County/Counties Served: ☐ Baraga   ☐ Houghton   ☐ Keweenaw   ☐ Ontonagon

PROPOSAL NARRATIVE

Applicants must answer all of the questions in the order listed below. If the question is not applicable to your grant request, please answer "not applicable." Please use a separate sheet(s) of paper for your answers and attach to your application. Copper Shores will not consider incomplete applications.

Need Statement:

1) What "community need" or "health risk" are you proposing to address?

2) What data can you cite that supports your need statement?

3) What program(s) will be initiated that are directly supported by this funding?

Objectives:

4) What resources (human/capital/equipment) will you need (that you don't already have) to carry out the tasks identified in this proposal?

5) What are the goals/objectives of this proposal, and how will you measure progress and/or successful outcome? Include a timeline or milestone chart if appropriate.

6) What will you ideally have at the conclusion of this grant that you don't have now?

7) What will be the long-term impact of this project?

Collaboration/Partnership:

8) Who will you be collaborating or partnering with to fulfill this proposal; what resources have they committed to bring; and how will this better enable the successful achievement of the desired outcome(s)? Please provide documentation supporting the collaboration/partnership.

Sustainability:

9) What sources of sustainable funding have you secured to support this proposal on an ongoing basis once the Copper Shores funds have been fully expended? Please provide supporting documentation.

10) Does the proposal have the potential to be replicated in other settings, including opportunities for learning, knowledge dissemination, and inform public policy?

Innovation:

11) Please specify any related or similar programs that exist in the Copper Shores service area.

12) Is there potential to achieve significant long-term impact by implementing effective models or supporting need innovation?

13) Describe how your organization demonstrates the use of industry standards, best practices or science-based methodologies as appropriate to create a stronger more successful community outcome?

Mission:

14) How will this project strengthen your organization, enable you to deliver programs or services more effectively, and better achieve your organization's mission?

15) How will your work help further the mission of Copper Shores?

Additional Documents Needed: (please refer to front page for application documents required)

16) Proposal budget (see next page). If grant request is for purchase of equipment or other materials, a quote(s) is <u>required</u> to be included with budget.

17) Organization's most recent financial information (balance sheet, income statement and audit letter);

18) Form 990 cover sheet (page 1);

19) Copy of organization's 501(c)(3) determination letter or other proof of tax exemption.

20) Copy of current License to Solicit Charitable Contributions (refer to State of Michigan requirements).

21) Include letters of support or Memorandums of Understanding in regards to Question #8. Letters of support should be unique; templates should not be used.

PROPOSAL PRESENTATION

A presentation by the requesting applicant to the Copper Shores Grants Management Committee and/or the Copper Shores Board of Directors **may be** required for proposals over $10,000.

PROPOSAL BUDGET

Total Amount Requested: $_____ <mark>(This is only for the grant you are requesting)</mark>

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

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 ☐ PTE ☐
	$_____	FTE ☐ PTE ☐
	$_____	FTE ☐ PTE ☐
	$_____	FTE ☐ PTE ☐
	$_____	FTE ☐ PTE ☐
	$_____	FTE ☐ PTE ☐
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

Before submitting your Request for Funding application, please make sure that you have answered all questions and all requested documentation is included at the time of your submission. **Copper Shores will not consider incomplete applications**.

COPPER SHORES RECOGNITION & FOLLOW-UP REPORTING

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

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Proposal Approved: ☐ Yes   ☐ No

Approved or Denied by: _____   Date: _____

Signature: _____   Title: _____

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

Notes: _____

_____

_____