



CSCHF Office Use Only  
Grant No. \_\_\_\_\_

## VOLUNTEER EMERGENCY SERVICES REQUEST FOR FUNDING APPLICATION

*For application FAQs, please visit [www.coppershores.org](http://www.coppershores.org)*

**CSCHF Mission:**

To positively influence a healthier 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.

**CSCHF 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 (CSCHF), your organization must be one of the following:

- a) 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](http://www.coppershores.org/grants)), email [info@coppershores.org](mailto: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 **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 CSCHF 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](mailto: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  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: \_\_\_\_\_  
*CSCHF is unable to provide funding for individual or family fundraisers.*

Would you like to receive the CSCHF 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

1. What project do you hope to complete with this funding and how will this better serve your department?

2. Please provide quotes for the requested materials.

**Check the 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: \$ \_\_\_\_\_ (For grant request only)

**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	\$ _____	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 **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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_