



**Straits Area Community Foundation  
Youth Advisory Council (SAYAC) Grant Application  
Application deadlines: January 1, April 1, October 1**

Date of Application: \_\_\_\_\_

Legal name of organization applying: \_\_\_\_\_

Current operating budget: \_\_\_\_\_ Year founded: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Superintendent or Principal if for a school)*

Project contact person and title: \_\_\_\_\_

Address for primary correspondence: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

PURPOSE OF GRANT (one sentence):

PROJECT DATE: \_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_

TOTAL PROJECT COST: \_\_\_\_\_

\_\_\_\_\_  
Signature, Project Contact Person

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Executive Director *(Superintendent or Principal if for a school)*

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

If applicable, list any specific needs from the Needs Assessment Survey which your project addresses (see About Allocation Decisions).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

501(c)(3) determination letter (please check one)  
attached to this application  
on file at the Foundation office





8. How will your project be funded? List other sources of funds and specify any other organizations working with you on this project.

9. Describe your evaluation plan and specify success measures.

**Board of Directors** (please list the current directors)

\*As an option you may mail this list to our office instead.

# GRANT BUDGET

Time period of this budget – From: \_\_\_\_\_ To: \_\_\_\_\_

Indicate only the EXPENSES that apply to your project.

Project Expenses	Total Requested from SAYAC in this Application (\$2,500 Maximum)	Total Expenses for this Project	
Salaries			
Payroll Taxes			
Fringe benefits			
Consultant & Prof. Fees			
Insurance			
Travel			
Equipment			
Supplies			
Printing & Copying			
Telephone & Fax			
Postage & Delivery			
Rent			
Utilities			
Maintenance			
Evaluation			
Marketing			
Other (specify)			
<b>Totals</b>	\$	\$	<b>Total Expenses</b> \$

Indicate the REVENUES that apply to your project.

Revenue	Committed (Project revenue that has been promised)	Pending (Project revenue that has not been confirmed.)	
<b>Grants/Contracts/Contributions</b>			
Local Government			
State Government			
Federal Government			
Foundations			
Corporations			
Individuals			
Other (specify)			
<b>Earned Income</b>			
Events/Publications & Products			
Membership Income			
In-kind Support			
Other (specify)			
<b>Totals</b>	\$	\$	<b>Total Revenue</b> Committed + Pending \$

The TOTAL PROJECT EXPENSES should EQUAL the TOTAL REVENUE.

## **BUDGET NARRATIVE**

*Please include any additional information regarding your budget and expenses you feel may need further explanation, or will help the Youth Advisory Council in determining grant awards.*

---

Be sure to include all of the following in your completed grant application packet:

- Grant application with appropriate signatures**  
*(If submitting online, please print and mail first page of application.)*
- Project Overview**
- List of the current Board of Directors**
- Budget**
- Budget Narrative**
- 501(c)(3) determination letter**  
*(If submitting online, this documentation may be scanned and emailed to [chitch@cfnem.org](mailto:chitch@cfnem.org); faxed to 989-356-3319; or mailed to SACF, P.O. Box 495, Alpena, MI 49707.)*
- If necessary, additional documentation may be requested.**

### **Application Submission OPTIONS:**

- **Fill out application online, print it, and mail it to the Community Foundation office**
- **Print the application form, either type or handwrite the information, and mail it to the Community Foundation office**
- **Save the form to your computer to fill out at a later time when you can either print and mail it, or email it as an attachment to [chitch@cfnem.org](mailto:chitch@cfnem.org)**
- **Submit the application online and mail or fax in any other required documentation**

**\*Note:** If submitting online, you will need to have **both** the Executive Director and the Project Coordinator sign the first page of this application. Please print it, have it signed, and mail it to: SACF, P.O. Box 495, Alpena, MI 49707.

### **Online Submission Tip:**

*You may save your completed form on your computer.*

*If you do not have Microsoft Outlook for your regular email address, you may submit your application by emailing your saved file as an attachment to [chitch@cfnem.org](mailto:chitch@cfnem.org).*

\*If submitting online, you will receive an email notification that we have received your application.