**THE ALDEN AND VADA DOW FAMILY FOUNDATIONS**

Grant Guideline Statement

# **Mission**

The mission of the Alden and Vada Dow Family Foundations is to enhance the quality of life, primarily in the Tri-Cities of Midland, Bay City and Saginaw and in Northern lower Michigan, through the funding of programs in the areas of the arts, the environment, education, health and human services and youth programs.

# **Eligibility**

The Alden and Vada Dow Family Foundations support organizations that are tax exempt under Section 501(c)(3) of the Internal Revenue Service Code and are not classified as private foundations under section 509(a) of the Code. Organizations may also submit proposals through a sponsoring organization, if the sponsor has 501(c)(3) status, is not a private foundation under 509(a) and provides written authorization confirming its willingness to act as a fiscal sponsor. We do not award grants to individuals.

**Initial Contact Requirement**

**I**f your organization is applying for the first time, the foundation requires a letter of inquiry on your organization’s letterhead. Your letter should briefly outline your project or program, a timeline, and a requested amount. This initial inquiry will be reviewed by the Foundation and you will be notified whether or not your organization is eligible to submit a full proposal for review. If you have any questions please contact our Grants Coordinator, contact information listed below.

# **Grantmaking Timetable**

The Alden and Vada Dow Family Foundations have one funding cycle each year. We ask that all proposals be fully submitted to us by the end of day June 5th of each year for consideration. We will respond to all proposals or inquiries and will inform you whether your organization has or has not been awarded a grant. Please note that we cannot award grants to all organizations that send us a proposal..

# **Grant Application Instructions**

* All requests for funding must be submitted electronically through (website)
* Please do not hesitate to contact us for assistance in completing the Application. .

# **Progress Reports**

**GRANT REQUIREMENT**

A requirement of receiving a grant from the Alden and Vada Dow Family Foundations is your submission of a Grant Progress Report. If your organization receives funding, your organization must submit a Grant Progress Proposal by June 5th of the following year. An organization may not submit a request for additional funding if a Grant Progress Report from the previous grant is not received by the proper due date.

# **How to Contact the Alden and Vada Dow Family Foundations**

 Grants Coordinator

 Alden and Vada Dow Family Foundations

 315 Post Street

 Midland, MI 48640

# **avdowfamilyfoundation@abdow.org**

# Phone Number: (989) 839-2744

**A. Alden and Vada Dow Family Foundations**

**Grant Application Cover Sheet**

# Legal Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID #: \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Founded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual Operating Budget: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person (if different from Executive Director):

Name Title Phone Number E-mail

# **Project/Program** **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Amount Requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Project/Program Budget: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Project/Program Description (one sentence): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of the Project/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Geographic Area Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any previous support from this foundation in the last 3 years:

|  |  |  |
| --- | --- | --- |
| **Month/Year** | **Project/Program & Purpose** | **Amount of Grant** |
|  |  |  |
|  |  |  |
|  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, Chairperson, Board of Directors Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, Executive Director Date

***Updated deadlines for proposal submissions are February 15th or August 15th.***

Grant Application Format

Grant Application Format

Please complete the following information:

# **Grant Application Cover Sheet**

Please complete the Grant Application Cover Sheet Information.

B. **Executive Summary - Narrative**

 Explain why your organization is requesting this grant, what outcomes your organization expects to achieve and how funds will be spent if the grant is made. (No more than one page).

# C. **Agency Information**

1. Prepare a brief summary of your organization’s agency history, including the number of years in operation and major accomplishments in the last three years.

2. Describe your current programs and list any recent significant expansion and/or cutbacks.

3. Provide an organizational staff summary, including tenure and turnover statistics.

4. Provide a list of current board members with Affiliations. State the term limits of board members and percentage of board members that contribute financial support. If you have a separate finance committee, please provide a listing of members with affiliations.

5. Provide a list of current volunteers and how they are involved in your organization.

**D. Purpose of the Grant**

1. Describe the Proposed Project/Program.

2. Target Population

1. Please describe the population the project/program will benefit. Include information on socio-economic status, location, gender, ethnicity, age, physical abilities and/or other descriptions, as appropriate.
2. Describe any selection, admission or eligibility criteria for entering your program.

3. Program and Evaluation

a. .Describe each of your project/program goals, together with related objectives, activities, target group, expected progress, time frame, and assigned staff person.

b. Provide a brief description of how you expect the proposed activities will benefit the participating individuals and/or the community.

c. Describe your plan for evaluating your success in achieving each of your project/program goals, including type of data to be collected, collection dates, persons responsible, and feedback mechanisms.

# **E. Collaborations for Proposed Project/Program**

1. Describe project/program collaborations and projected impact on project/program goals.
2. Summarize the amount of grant funds to be paid to collaboration partners.

## **F. Mission Information**

1. List your agency's **mission statement**.

## **G. Project/Program Budget: General Instructions**

1. The project/program budget should reflect each year of anticipated support from all sources, including The Alden and Vada Dow Family Foundations. If your application is for general operating support, the project/program budget should be your total organizational budget.
2. A budget narrative should accompany the project/program budget.
3. In the event that the foundation is unable to meet your full request, please indicate priority items in the proposed grant budget.

## **H. Required Attachments** – **Proposal will not be processed without these!**

1. **A** **copy of the current IRS determination letter** indicating 501(c)(3) tax-exemptstatus must accompany the proposal.
2. Finances: (required document for proposal review)
3. The two most recent audited financial statements with an auditor’s report. The latest statement should be as of the most recent fiscal year-end. If the most recent fiscal year-end audited report is not yet available, provide unaudited Quickbooks or other internally generated reports as of the most recent fiscal year-end, specifically a Balance Sheet and Income Statement.
4. If the organization does not engage a CPA firm to perform an audit**,** you must supply unaudited Quickbooks or other internally generated reports as of the most recent fiscal year end, specifically a Balance Sheet and Income Statement.
5. A detailed comparison of the prior fiscal years’ revenues and expenses as included in the Income Statement to the prior fiscal year operating budget.
6. Organization’s operating budget for the current fiscal year, including revenues and expenses. If this grant request is for operating funds for next fiscal year, provide an operating budget for that year. If that budget is not yet complete, please so note.
7. The Project/Program budget for the fiscal year for which you are seeking funding.
8. The two most recently filed IRS 990 forms from the most recent fiscal year filing. If that report is not yet filed, please so note.
9. List of amounts requested and/or received from foundations, corporations and other funding sources to which this proposal has been submitted. Please note if the amounts requested are pending, received, pledged or declined.
10. If your agency or the program that you are requesting funds for has an endowment fund, please state the value of the endowment and the spending policy.

**I. Requested Attachments**

1. Attach letters of support from collaborating partners. If applicable, collaborating partners should clearly indicate their level of involvement/commitment to project/program.

 2. Attach Annual Report and Strategic Plan, if available.

**THE ALDEN AND VADA DOW FAMILY FOUNDATIONS**

**Grant Progress Report**

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Grant Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount of Grant Received: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Grant Received**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please answer the questions below:

* Briefly describe if/how you were able to achieve your stated goals and objectives with the grant from the Alden and Vada Dow Family Foundations.
* Please describe if there have been significant changes in your organization or in the project or program that received funding.
* How has your organization or program funding changed/diversified since receiving a grant from the Alden and Vada Dow Family Foundations?
* How has funding from the Alden and Vada Dow Family Foundations affected the support for your project/program or agency?

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