



P.O. Box 2817 Gary, IN 46403  
[www.MillerCommunityFund.org](http://www.MillerCommunityFund.org)

## Grant Proposal Instructions

- Grant Proposals totaling \$500 and under must complete the *Grant Proposal Cover Sheet* below and attach a project description not to exceed one page in length.
- Grant requests in excess of \$500 must complete the *Grant Proposal Cover Sheet* and submit a Grant Proposal which conforms to the *Grant Proposal Format* below.
- Please type all attachments.
- Please use headings as provided.
- Please submit only one copy.
- Please do not include any materials other than those specifically requested at this time.
- Please do not send videotapes.
- Grant requests must be postmarked 2 weeks prior to the meeting of *The Miller Community Fund* Grant Review Committee in order to be considered at that meeting. The next meeting date of the Review Committee is published on our web site:  
*www.MillerCommunityFund.org*
- Applicants will receive notification of the decision of the Review Committee. All correspondence will be directed to the contact individual listed on the Grant Proposal Cover Sheet.
- Grant award payments will be mailed directly to the contact individual listed on the Grant Proposal Cover Sheet.

### Exclusions

- Grants will not be made for lobbying or any type of political activity or organization.
- Grant Proposals received from organizations which are not Indiana Nonprofit organizations will not be considered.
- Grant Proposals made in the name of individuals will not be considered.
- Grants will only be made for projects that are secular in nature. Proposals for Clerical projects will not be considered.
- Grant Proposals made for the purchase of products, tickets or any other items specifically marketed as fundraising items will not be considered.

Mail completed grant proposal documents to:

The Miller Community Fund  
P.O. Box 2817  
Gary, IN 46403

# The Miller Community Fund Grant Proposal Cover Sheet

Name of Organization (Exact Legal Name): \_\_\_\_\_

Project name: \_\_\_\_\_

Project goals (one sentence): \_\_\_\_\_

\_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_ URL: \_\_\_\_\_

Contact person and title: \_\_\_\_\_ Email: \_\_\_\_\_

Has your organization made a prior grant request to *The Miller Community Fund*? (yes or no): \_\_\_\_\_

If yes, did your organization receive funding? (yes or no): \_\_\_\_\_ Amount of funding received: \$ \_\_\_\_\_

Is your organization an IRS 501(c)(3) not-for-profit? (yes or no): \_\_\_\_\_

Grant request amount: \$ \_\_\_\_\_ Total project budget: \$ \_\_\_\_\_

Project begin and end dates: \_\_\_\_\_ Organization annual budget \$ \_\_\_\_\_

Authorizing signature: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

By affixing my signature hereon, I authorize the release of the above information to *The Miller Community Fund* and certify the accuracy of this information. Additionally, in the event that a grant is made I agree to the following terms and conditions on behalf the organization:

1. Wherever possible, items purchased utilizing grant money should reference *The Miller Community Fund* (uniforms, hats, clothing).
2. Press releases and marketing materials issued by your organization should reference *The Miller Community Fund*.
3. *The Miller Community Fund* requires an Activity Report from the Grantee every 6 months and a final report within 60 days of project termination. Failure to submit a report will disqualify your organization for future funding from the *Miller Community Fund*. The report must describe in detail how funds have been spent (in accordance with the guidelines below), and state the number of individuals who have been helped by the grant. Mail all correspondence to: The Miller Community Fund, P.O. Box 2817, Gary, IN 46403.
4. Funds may only be expended upon items which will directly contribute to the achievement of the Project goals as set out above. The Grantee acknowledges *The Miller Community Fund's* authority to withhold and/or to recover grant funds in case such funds are, or appear to be, misused.

## FOR MILLER COMMUNITY FUND OFFICE USE ONLY

Date Request Received: \_\_\_\_\_ Date Distributed to Committee: \_\_\_\_\_

Date Acted upon by Committee: \_\_\_\_\_ Committee Decision: \_\_\_\_\_

Amount of Grant: \_\_\_\_\_ Date Notification Sent to Applicant: \_\_\_\_\_

Date Notification Sent to Legacy: \_\_\_\_\_

Date Follow-up Report Due: \_\_\_\_\_ Date Report Received: \_\_\_\_\_

## The Miller Community Fund Grant Proposal Format

### I. PROPOSAL SUMMARY: one-half page, maximum.

Please summarize in a short paragraph the purpose of your organization. Briefly explain why your organization is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if a grant is made.

### II. NARRATIVE: - Five pages maximum.

#### A. Background - Describe the work of your agency, addressing each of the following:

1. A brief description of its history and mission.
2. The need or problem what your organization works to address, and the population that your organization serves, including geographic location, socioeconomic status, race, ethnicity, gender, sexual orientation, age, physical ability and language.
3. Current programs and accomplishments. Please emphasize the achievements of the recent past.
4. Number of paid full-time staff, number of paid part-time staff: number of volunteers
5. Your organization's relationships - both formal and informal - with other organizations working to meet the same needs or providing similar services. Please explain how you differ from these other agencies.

#### B. Funding Request - Please describe the program for which you seek funding.

1. If applying for *general operating support*, briefly describe how this grant would be used.
2. If your request is for a *specific project*, please explain the project including:
  - ◆ A statement of its primary purpose and the need or problem that you are seeking to address.
  - ◆ An explanation of how this project will serve to improve the quality of life in the Miller/46403 area.
  - ◆ The population that you plan to serve and how this population will benefit from the project.
  - ◆ How the project contributes to your organization's overall mission

#### C. Evaluation - Please explain how you will measure the effectiveness of your activities. Describe your criteria for a successful program and the results you expect to have achieved by the end of the funding period.

### **III. ATTACHMENTS**

#### **A. Financial Information**

1. A project budget including both anticipated revenue and expenses.
2. A list of committed sources of support for the project with amounts committed and a list of other grantmakers to whom this proposal is being submitted.
3. A copy of the organization's current annual budget including anticipated revenue and expenses
4. A copy of the year end financial statement for your most recently completed fiscal year.
5. A list of major funders of the organization

#### **B. Other Supporting Materials**

1. A list of your Board of Directors, with their affiliations.
2. Copy of IRS letters indicating 501(c)(3) status or Certificate of Incorporation as an Indiana Nonprofit Corporation
3. Annual report, if available
4. One-paragraph resumes of key staff.
5. One or two recent articles, newsletters or other material which describe the organization's work.