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**MICHIGAN CITY COMMUNITY ENRICHMENT CORPORATION  
100 E. MICHIGAN BLVD.  
MICHIGAN CITY, INDIANA 46360**

***To: Organizations Requesting Grants***

***Thank you for your interest in the Michigan City Community Enrichment Corporation's 2004 Grant-Funding Cycle. The Corporation was organized as a public benefit corporation to organizations that qualify as Section 501(c)(3) which benefits our Community.***

***All completed Grant Requests should be mailed to the Michigan City Community Enrichment Corporation, 100 E. Michigan Blvd., Michigan City, Indiana 46360. Along with the original, nine (9) copies must be included. The completed Grant Request must be post-marked by July 6, 2004. It may also be hand-delivered to the City Attorney's Office at 100 E. Michigan Boulevard, Michigan City, IN 46360 by July 6, 2004 at 4:30 p.m. (CST). If your Grant Request is received or post-marked after the above-referenced deadline, it will not be eligible for consideration by the Enrichment Corporation. Please keep in mind that this will be the only grant cycle for 2004.***

***Enclosed you will find information describing the documentation that is required from your Organization to assist the Board in the evaluation process. Your Grant Request should be "all-inclusive" as presentations will not be permitted. However, the Board may request a presentation from you after a review of the Grant Requests. The Grant Cover Sheet must be on top of each Grant Application that is returned.***

***Should you have any questions regarding the Corporation or the grant-making process, feel free to call our voice mail at 219-873-1408, x382. Your telephone call will be returned by one of our Board Members.***

***If the Enrichment Corporation receives your Grant Application by June 1<sup>st</sup>, we will let you know if your Application is incomplete or if any requested material is missing. Therefore, it is in your best interest to get your Application in early! We thank you for your interest in the Michigan City Community Enrichment Corporation and are pleased to provide this Application to you.***

***Very truly yours,***



*Steve Gonzalez*  
**Board President**  
**GUIDELINES FOR GRANT APPLICATIONS**

**MCCEC Will Favor Projects Which:**

Are not adequately being serviced by existing community resources.

Propose practical approaches to solution of current community problems.

Constructively addresses diversity.

Promote volunteer involvement in addressing community problems.

Enhances coordination of services by different organizations.

Provided leverage for generating additional matching funds and community resources.

Are likely to make a clear difference in the quality of life of a substantial number of people.

Enhances the opportunity for learning and development

**Specific Guidelines:**

Enhances programs that directly benefit the children of the Michigan City Community. Grants will be made only to those non-profit organizations and programs operating in Michigan City, Indiana as defined by the boundaries of the Michigan City Area School district. Grants will be made for a wide variety of programs and purposes benefiting the citizens of Michigan City.

Grants will be made for only one (1) year, renewable by reapplication in subsequent years.

No grants will be made to endowment campaigns or for previously incurred debts.

No grants will be made to churches for sectarian religious programs.

No grants will be made for operating budgets.

No grants for basic municipal or educational functions and services.

No grants will be made to provide long-term funding. No grants will be made for post-event or after-the-fact situations.

Grants will be awarded only after signing a written contract enforceable by the Michigan City Community Enrichment Corporation.

## **INFORMATION REQUIRED**

1. **Description of the Project:**
  - a. The program or specific need you wish to address.
  - b. Its significance to the community and its particular benefit to those living in the geographic area comprising the Michigan City Area School District.
  - c. The names and qualifications of those persons who will carry it out.
  - d. A statement describing how the project's success will be measured.
  
2. **Budget:**
  - a. Complete budget for the project.
  - b. How you propose to fund it.
  - c. The exact amount you are requesting from the Michigan City Community Enrichment Corporation.
  - d. The names of other funding sources, which you are applying for assistance.
  - e. Potential sources of matching funds.
  
3. **Description of Applicant/Organization:**
  - a. The name, address, telephone, and fax number of the contact person.
  - b. A list of your officers and board members.
  - c. A copy of the IRS letter designating your organization as 501(c)(3) Federal Income Tax Exempt.
  - d. Statement from an Officer stating the exemption is still in force.
  - e. Certificate of Existence from Indiana Secretary of State.
  - f. Your latest annual financial report.
  - g. Any descriptive brochures or promotional literature.

**Please attach one original and nine copies of your application and submit it to the City Attorney's Office no later than July 6, 2004. You may mail the copies to our address listed below. No grants post-marked after July 6, 2004 will be accepted.**

Applications may be downloaded at [www.emichigancity.com](http://www.emichigancity.com).

**Michigan City Community Enrichment Corporation  
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Michigan City, IN 46360  
(219) 873-1408, x382**

## GRANT REQUEST WORKSHEET

The following six issues should be addressed in your grant application on no more than two pages if possible:

**1. Organization(s)**

What is the purpose of your organization(s) and whom do you serve? What are the qualifications of the key staff or volunteers involved in this project or program? What evidence can you give of the ability of your organization or collaborative efforts to implement this project?

**2. Need(s)**

What is (are) the need(s) for the project or program in Michigan City: Are there other groups working on this need? If so, what will you do that is better or different? How will you coordinate with existing efforts?

**3. Purpose(s)**

What will this project or program accomplish?

**4. Who will Benefit?**

Describe who will be served. Include expected number, geographic location, and specifics of those targeted.

**5. Evaluation**

How will the grant, if made, be evaluated? How will you and the Corporation know whether the purpose has been met? If your organization received a grant from us previously, describe how the funds were spent and the benefits derived from your program and our grant proceeds.

**6. Impact(s)**

Describe the effect of this project on the organization(s), clients, and the community or targeted issue? How visible will the project or program be?

**REQUESTS WILL NOT BE CONSIDERED WITHOUT THE FOLLOWING:**

- a. A completed GRANT REQUEST COVER PAGE must be the first page visible.
- b. A completed GRANT NARRATIVE of 2 pages addressing the above issues 1-6.
- c. A completed budget for the project (see BUDGET GUIDE).
- d. A list of the Board of Directors, addresses, and principal occupations.
- e. Most recent year-end statement or financial audit or review.
- f. Current financial statement of the organization.
- g. Copy of IRS determination letter for tax-exempt status. If none, explain.
- h. Evidence that this request has the approval of your Board of Directors.
- i. Statement from an officer stating that your exemption is still in force.
- j. Certificate of Existence from the Indiana Secretary of State.

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**BUDGET GUIDE**

Please describe in as much detail as possible, the budget for your project or program.  
Use additional sheet(s) of paper if necessary.

**REVENUE: (Label sources as Potential (p); Actual (a); or In-kind (I))**

Source Amount

TOTAL \_\_\_\_\_

**EXPENSES**

Item Amount

TOTAL \_\_\_\_\_

**Supplemental information from requesting organization required:**

**What percentage of the Board of Directors contributed any amount of dollars to their organization in the most recent fiscal year?**

\_\_\_\_\_ %

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**GRANT REQUEST COVER PAGE**

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

Contact Person/Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

President Organization's Board \_\_\_\_\_ Federal ID# \_\_\_\_\_

Project Title \_\_\_\_\_ Amount Requested \_\_\_\_\_

Summary of your Request:

*Do Not Write Below This Line. For Michigan City Community Enrichment Corporation Use Only.*

**FOR CORPORATE USE ONLY**

Date Received \_\_\_\_\_

Proposal # \_\_\_\_\_

Category \_\_\_\_\_

Approved \_\_\_\_\_ Declined \_\_\_\_\_

Date Acted Upon \_\_\_\_\_

Program \_\_\_\_\_ Capital \_\_\_\_\_

**GRANT REQUEST CONTAINS:**

- \_\_\_\_\_ Grant Request Cover Page
- \_\_\_\_\_ Project/Program Budget
- \_\_\_\_\_ Past Year's Financial Statement
- \_\_\_\_\_ IRS Determination Letter
- \_\_\_\_\_ Statement from Officer
- \_\_\_\_\_ Name/Address of Board Members

- \_\_\_\_\_ Grant Request Narrative
- \_\_\_\_\_ Federal ID #
- \_\_\_\_\_ Current Financial Statement
- \_\_\_\_\_ Evidence of Board Approval
- \_\_\_\_\_ Certificate of Existence