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# Community Foundation

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of St. Clair County

## 2020 COVID-19 Community Action GRANT GUIDELINES

The Community Foundation serves charitable needs and enhances the quality of life in St. Clair County.

Funding restricted to nonprofits, churches, and municipalities:

As you all know our community is facing some unprecedented challenges right now. We here at the Community Foundation need to prioritize how we use the discretionary funds available to insure we are serving St. Clair County to the best of our abilities.

At this time, preference will be given to requests from local nonprofits and/or units of government that address our region's response to this current crisis. Other grant requests, not related to a response to Covid-19 will not be considered.

Organizations need to demonstrate that they are facing new and unmet financial burdens because of the Covid crisis. A strong application will be able to demonstrate the rise in costs of service due to the crisis, but at the same time, give some idea if more gifts are coming in from the public and/or other possible funding sources. Applicants should not be submitting requests for normal annual operating costs.

Please send all applications to [derek@stclairfoundation.org](mailto:derek@stclairfoundation.org) or email for more information.

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## EZ-GRANT APPLICATION

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

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

Executive Director (superintendent): \_\_\_\_\_

Contact person (if different from Executive Director): \_\_\_\_\_

Address: \_\_\_\_\_ Organization Tax ID Number \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Project/Program Name: \_\_\_\_\_

Purpose of Grant (one paragraph):

Total Project Cost: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

\_\_\_\_\_  
Signature of Chairperson, Board of Directors, Superintendent Date

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Signature of Executive Director, Principal Date

**Required Documents:**

-Project Budget

-If applicant is a school: Letter of support from superintendent that includes why funds are not included in school budget/ how this request fits into the overall school district plan.

**Please provide description/summary of your organization and this grant request. Be sure to tell us how your request addresses the current crisis . (You may attach additional pages if needed.)**

**How will you proceed if you do not receive funding from the Community Foundation?**

**Program/Project Budget**

Time period this budget covers \_\_\_\_\_

\_\_\_\_\_  
Total cost of project

\_\_\_\_\_  
Amount requested from Community Foundation

**\*\* Required\*\***

**Please attach a project specific budget breaking down all funding sources and revenues, as well as all expenses adding up to the "Total Project Cost"**