



Thank you for your interest in the Stevensville Community Foundation Grant Cycle.

Please send completed grant applications by the stated deadline date of each grant cycle. Any grant application not postmarked by the stated deadline date will not be considered. ALL grant applications must be received at the following address:

Stevensville Community Foundation  
P.O. Box 413  
Stevensville, MT 59870

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#### **WHAT THE STEVENSVILLE COMMUNITY FOUNDATION LOOKS FOR.....**

In reviewing proposals for funding, SCF will look for projects that:

- Address new and emerging needs
- Incorporate new approaches to meet needs
- Get more citizens involved in meeting community needs
- Encourage cooperation and eliminate duplication
- Focus on prevention as well as treatment
- Help non-profit organizations more effectively manage themselves and their finances

#### **THE STEVENSVILLE COMMUNITY FOUNDATION REVIEW PROCESS.....**

Criteria which will be considered include:

- The seriousness of the issue your project is addressing
- Clarity of your project's goals and objectives
- Capability of your organization to carry out the project and achieve the results expected
- Potential benefit to the community
- Need for Stevensville Community Foundation support
- Balance of funding, future funding potential
- Stevensville Community Foundation funds available

#### **UPON GRANT APPROVAL.....**

The Stevensville Community Foundation will negotiate with each successful applicant the specific manner in which funds are to be dispersed. The documentation requested by the Foundation will be clearly explained at the time the grant approval is given to the applicant.

If the project is not completed within the allowed time, the funds will be returned to the Foundation unless your group has met with the Foundation and requested an extension at least 30 days prior to the completion date.

Grant cycles will be reviewed semi-annually, in the fall and spring, based on available grant funds.

#### **INELIGIBLE PROJECTS.....**

Grants for the following types of groups and uses, generally, will not be considered:

- Religious organizations for religious purposes
  - General endowment funds of an organization
  - National organizations and programs including their local chapters
  - Grants or loans to individuals
  - Political organizations, campaigns and candidates
  - Fund raising events, for example: auctions, advertising, dinners, etc.
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**Stevensville Community Foundation**

**Grant Application**

**Grant Cycle:** \_\_\_\_\_

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

Address \_\_\_\_\_

Contact Person's Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person's Title \_\_\_\_\_

Project Title and Brief Description (no more than 25 words)

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

Anticipated Project Period \_\_\_\_\_ to \_\_\_\_\_

Total Project Cost \$ \_\_\_\_\_

Amount Requested from Stevensville Community Foundation \$ \_\_\_\_\_

*\*\* (If applicable, please include copies of bids, estimates or research)*

Amount and source of commitments to date:

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

Total budget, in-kind and other funding sources. (Use additional paper for additional space if needed.)

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

1. What will this project specifically accomplish?  
What are the problems that this project will try to solve?

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2. How do you plan to implement this project?

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3. Specifically, how will the grant be used?

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4. How will this project be financed and maintained in the future?

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5. What evidence can you give of the ability of your organization and personnel to implement this project successfully?

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6. Name of project manager \_\_\_\_\_  
Manager's contact phone number \_\_\_\_\_  
Managers address \_\_\_\_\_  
Is this manager being compensated?    \_\_\_ Yes    \_\_\_ No  
If so, how much? \_\_\_\_\_

7. How will you determine the project is working and that it accomplished its purpose?

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