

## **REQUEST FOR VOLUNTEER EMERGENCY SERVICES FUNDING APPLICATION**

For application FAQs, please visit phfqive.org/faq

#### PHF Mission:

To positively influence a healthier community through enhanced philanthropy and collaboration.

#### PHF Vison:

To influence a shared vision. To foster collaborations and partnerships. To build community capacity to shape outcomes.

### FUNDING ELIGIBILITY

Please refer to Grant Policies and Guidelines on our website.

### APPLICATION SUBMISSION

All application requests must be submitted on the Request for Funding Application form <u>at least two months in</u> **advance** of the project start date and must be received in the Portage Health Foundation office no later than the last day of the month to be considered at the next PHF Grants Management Committee meeting (e.g., project start date of 1/1/20 – application is due 10/31/19). If you are responding to a specific Request for Proposal, please note the deadline date(s) for submission of the application material within the RFP instructions. Return completed applications to:

> Portage Health Foundation 400 Quincy St., PO Box 299 Hancock, MI 49930

Phone: 906.523.5920 Fax: 906.523.5925 email: info@phfgive.org (as a PDF)

We consider applicants regardless of race, color, religion, sex, national origin, age, marital or veteran status.

Submission of an application is not an implied guarantee of funding.

APPLICANT INFORMATION				
Organization Name:		EIN/Tax ID #:		
Organization Website:				
Organization Type: 🗆 Non-P	rofit 🛛 School 🗌 G	overnment		
Organization Address:	Street/PO Box	City	State Zip	
Project Contact:	-	,		
	Name	E-mail	Telephone	
Who will be responsible for grant reporting requirements:				
		Name	Contact Information	
Member authorized to submi	t application:			
(e.g., CEO – see FAQs on website for		Name	Position	
Authorized member's signatu	ıre:			

PHF is unable to provide funding for individual or family fundraisers.

PROPOSAL INFORMATION	
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Request for Proposal ID # (if applicable)	
Project Name:	Application Date:
Project Start/End Dates:	Is this an existing project? $\Box$ Yes $\Box$ No
Amount Requested: <u>\$</u>	Date Funding is Needed:

# TARGET POPULATION

Anticipated Number of Persons Served:	🗌 ner Month	🗌 ner Annum	per Project/Activity

County Served:	🗆 Baraga	Houghton	🗌 Keweenaw	Ontonagon
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## PROPOSAL NARRATIVE

MFIRIS I.D. Number: \_\_\_\_\_

Priority #	Project Description	Estimated Cost

Area Protected (Municipality, Township, etc.	Square Miles	Population

Equipment	Truck	Year

PHF Office Use Only Grant No.

#### Check appropriate answer or write in, if necessary.

- 1. Number of fire departments involved in this project?
  - 1 department 2 – 4 departments County-wide
- 2. Number of communities served: \_\_\_\_\_
- Population of area served by the fire department: 5,000 to 10,000 1,000 to 5,000 1,000 or less
- 4. Number of formal, written, non-pay mutual aid agreement? \_\_\_\_\_
- What is your approximate annual budget? \$15,000 or above \$10,000 to \$15,000 \$10,000 or less
- 6. Organization:
  - Part paid, 1 3 full-time fire personnel Volunteer, fire personnel reimbursed (per run, etc.) All volunteer, no reimbursement New department established within the last year
- Is your community presently participating in a Farmer's Home Administration Community Facilities Loan? Yes
  - No
- 8. Are you under a commercial loan?
- 9. Usual fire hazards?

Natural Gas or bulk petroleum storage facilities Nursing home(s) or hospital(s) Other, briefly explain \_\_\_\_\_

10. Water supply?

Community has a hydrant system Water is transported with a separate tank unit Draft or return to station for additional water

- 11. Insurance Classification (protection class):
  - 1 through 6
  - 7 through 8
  - 9 through 10

## PROPOSAL BUDGET

Total Amount Requested: <u>\$</u>\_\_\_\_\_

**Revenue Sources** (identify revenues related to the grant project as opposed to the organization's overall revenues – do not include amount requested from PHF):

Earned Income:	<u>\$</u>
Corporate/Government Contracts:	<u>\$</u>
Other, please specify:	\$
	\$
	<u>\$</u>
	\$
	\$
Total Revenue:	<u>\$</u>

Expense Items (identify expenses related to the grant project as opposed to the organization's overall expenses):Salaries/Wages (please breakdown by individual\$FTEPTE

50		<del>7</del>		
рс	osition and attach additional pages if necessary):	<u>\$</u>	FTE 🗌	PTE 🗆
		\$	FTE 🗆	PTE 🗆
		<u>\$</u>	FTE 🗆	PTE 🗆
		\$		PTE 🗆
		\$		PTE 🗆
In	surance, Benefits, and Related Taxes:	Ś	-	
	onsultants/Professional Fees:	\$	•	
	ravel:	\$	-	
Su	upplies:	\$		
	rinting/Copying:	\$	_	
Te	elephone/Fax:	<u>\$</u>	_	
Рс	ostage/Delivery:	<u>\$</u>	_	
Re	ent/Utilities:	<u>\$</u>	_	
De	epreciation:	<u>\$</u>	_	
In	direct Costs, please specify:	\$	_	
		\$	_	
		\$	-	
_		\$	_	
		<u>\$</u>	-	
0	ther Costs, please specify:	<u>\$</u>	-	
		<u>\$</u>	-	
		<u>\$</u>	-	
_		\$	-	
		<u>\$</u>	-	
	Total Expenses:	<u>\$</u>	-	
Revenue C	Over/(Under Expense):	<u>\$</u>	-	

If awarded funding, any expenditure variance(s) to the proposed budget will require a grantee to submit a Grant Amendment Request form.

### APPLICATION CHECKLIST

Please make sure to submit the following documents as PHF will not consider incomplete applications:

□ Application

□ Proof of Tax Exemption

□ License to Solicit Charitable Contributions

□ Financial Information

□ Proposal Budget

 $\Box$  Form 990 cover sheet (page 1)

### PHF RECOGNITION & FOLLOW-UP REPORTING

All grantees are required to recognize PHF as a funding provider on all printed materials and publicity for the project. Please contact the PHF office for our publicity policy and/or logo.

If awarded funding, all grantees are required to submit interim progress reports for the duration of the grant period (e.g., after first six months and then every three months) and a final report. Reports are due to PHF no later than seven (7) days after the reporting period ends (e.g., the reporting period ends 9/30/XX – progress report is due 10/7/XX; grant period ends 12/31/XX – final report is due 1/7/XX). PHF will work with all grantees regarding their reporting schedules. PHF reserves the right to revoke a grant award and/or deny subsequent requests for funding if PHF does not receive follow-up reports from a grantee.

### DO NOT COMPLETE – PHF USE ONLY

Proposal Approved: 🗆 Yes 🛛 No		
Approved or Denied by:		_Date:
Signature:		_Title:
Grant Amount: <u>\$</u>	_ Check #:	_ Check Sent:
Notes:		