



**PROPOSAL INFORMATION**

Request for Proposal ID # \_\_\_\_\_ (if applicable)

Project Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Project Start/End Dates: \_\_\_\_\_ Is this an existing project?  Yes  No

Amount Requested: \$ \_\_\_\_\_ Date Funding is Needed: \_\_\_\_\_

**TARGET POPULATION**

Anticipated Number of Persons Served: \_\_\_\_\_  per Month  per Annum  per Project/Activity

County Served:  Baraga  Houghton  Keweenaw  Ontonagon

**PROPOSAL NARRATIVE**

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

Priority #	Project Description	Estimated Cost

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

Equipment	Truck	Year

**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: \_\_\_\_\_
  
3. 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? \_\_\_\_\_
  
5. 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
  
7. 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: \$ \_\_\_\_\_

**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:	\$ _____
Corporate/Government Contracts:	\$ _____
Other, please specify: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Revenue: \$ \_\_\_\_\_

**Expense Items** (identify expenses related to the grant project as opposed to the organization's overall expenses):

Salaries/Wages (please breakdown by individual	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
position and attach additional pages if necessary):	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>

Insurance, Benefits, and Related Taxes:	\$ _____
Consultants/Professional Fees:	\$ _____
Travel:	\$ _____
Supplies:	\$ _____
Printing/Copying:	\$ _____
Telephone/Fax:	\$ _____
Postage/Delivery:	\$ _____
Rent/Utilities:	\$ _____
Depreciation:	\$ _____
Indirect Costs, please specify: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Other Costs, please specify: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Expenses: \$ \_\_\_\_\_

**Revenue Over/(Under Expense):** \$ \_\_\_\_\_

*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:**

- |  |  |
|--|--|
| <input type="checkbox"/> Application                                 | <input type="checkbox"/> Financial Information         |
| <input type="checkbox"/> Proof of Tax Exemption                      | <input type="checkbox"/> Proposal Budget               |
| <input type="checkbox"/> License to Solicit Charitable Contributions | <input type="checkbox"/> 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: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Check Sent: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_