

RESEARCH GRANT APPLICATION

ORGANIZATION INFORMATION

Organization's Legal Name: _____

Year Organized/Established: _____ Number of Paid Staff: _____

If organization is affiliated with a national or local organization please explain relationship:

Employer Tax ID #: _____ Are you a 501(c)(3)? Yes No

Executive Director/CEO: _____ Since: _____

Mail Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

Email: _____ Website: _____

Organization's Mission: _____

Date of Application: _____

Has the Institution's Internal Review Board (IRB) approved this project? Yes No

Explanation: _____

PROJECT INFORMATION

Project Title: _____

Lead Staff Person: _____ Title: _____

Phone: _____ Email: _____

Narrative: Describe the central issue or purpose of your grant request. Include background, hypothesis, goals and objectives, strategies to be implemented, methods of data collection and analysis, evaluation plan, personnel credentials, citations of support. If your project is ongoing, address how project will secure funding in the future. If it is one time, describe the impact it will have. Be sure to include number of people to be served and geographic area where applicable.
Suggested length of narrative: 3 -5 pages

Outcomes: On a separate sheet describe the anticipated outcomes and/or community benefits that will be realized through this funding.
Suggested length: 2 additional pages

Amount requested: \$ _____

Have you applied, or do you plan to apply for funding from another source for this project? Yes No If Yes, how do funds from the other source relate to this project?

NOTE: IF THE PROJECT RECEIVES FUNDING FROM AN ALTERNATIVE SOURCE PRIOR TO THE CONCLUSION OF MCF'S GRANT REVIEW (APRIL/MAY), THE GRANT APPLICANT MUST ADVISE MCF IN WHICH CASE THE APPLICATION WILL BE WITHDRAWN

Have you applied for MCF funding before? Yes No When? _____
Did you receive funding? Yes No

Is this year's application a continuation of work previously funded by MCF, or in a new area of research? Yes No

If yes, please describe:

BUDGET

List Program Expenses and how they will be met:

EXPENSE

REVENUE SOURCE

provide detail, ie. personnel: hourly rate plus fringe benefit, cost of materials and equipment, institutional contribution

MCF

Institutional Support

Other

Personnel

Supplies/Equipment

Other

MCF

Institutional Support

Other

\$ Total Expenses (MCF/Institutional/Other)

Reminder: MCF will not fund more than 15% institutional overhead

BUDGET JUSTIFICATION

Use this additional space to justify the budget:

AUTHORIZATION

I, _____, do attest that the information contained in this application is true and correct to the best of my knowledge.

Print

Date

Please have your CEO, Executive Director or Senior Staff Person sign off on this application

Signature

Date

Print

LETTERS OF SUPPORT

Letters of support are welcome. If this project involves collaboration, commitment letters from collaborators are required