



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) ? _____

Executive Director/CEO: _____ Since _____

Mail Address: _____ Phone _____

City/State: _____ Fax _____

E-mail _____ Website _____

Organizations 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 _____ E-Mail _____

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 received, or do you expect to receive, funding from another source for this project? ___ Yes ___ No. If Yes, how do funds from the other source relate to this project? _____

Do you plan to submit additional applications to other funding sources? ___ Yes ___ No

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PRIOR TO THE CONCLUSION OF MCF'S GRANT CYCLE, THE GRANT APPLICANT MUST ADVISE MCF IN WHICH CASE THE APPLICATION WILL BE WITHDRAWN

Have you applied for MCF funding before? _____ When? _____

Did you receive funding? ___Y ___N

Indicate Project Title and previous amount received _____

BUDGET

List Program Expenses and how they will be met:

EXPENSE <i>provide detail, ie. personnel: hourly rate plus fringe benefit, cost of materials and equipment, institutional contribution</i>	REVENUE SOURCE	
	MCF	Other
Personnel		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Supplies/Equipment		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Other		
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total MCF	Total Other
	\$ _____	\$ _____
\$ _____ Total Expenses: MCF plus Other		

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

