



## **THE PENINSULA COMMUNITY FOUNDATION GRANT APPLICATION**

### **OUR MISSION**

Founded in 2001, The Peninsula Community Foundation (PCF) is an all-volunteer organization serving North Mecklenburg County. The PCF brings people, capital and ideas together to help local Lake Norman charities and the communities they serve.

**WE ARE NEIGHBORS HELPING NEIGHBORS.**

## OUR VISION

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Increase awareness of the significant needs of the population of North Mecklenburg County.

Raise money to distribute to those local charities that best address the un-met needs of the young, poor, distressed, elderly and/or handicapped in our community.

Carefully evaluate both the needs of the community and the effectiveness of local charities in determining which organizations get funded by the PCF. Priority is given to those charities that most effectively use PCF donations to achieve tangible, quantifiable results.

Work closely with our charities to assist them in their own efforts to increase fundraising, enhance volunteer recruitment, expand their presence in the local community, and improve their strategic planning and corporate governance.

*The Peninsula Community Foundation is an IRS-approved 501(c)3 nonprofit organization.*



## HOW TO USE THIS DOCUMENT

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**1** DOWNLOAD ADOBE READER **(FREE DOWNLOAD)**  
AT [HTTP://GET.ADOBE.COM/READER](http://get.adobe.com/reader)

**2** DIGITALLY FILL OUT THIS DOCUMENT  
*Just open this document in Adobe reader, and type right in!*

**3** SAVE THE DOCUMENT  
*File > Save*

**4** EMAIL **(PREFERRED)** APPLICATION  
QUESTIONNAIRE AND NECESSARY DOCUMENTS  
(LISTED ON LAST PAGE) TO:  
[grants@thepeninsulacommunityfoundation.org](mailto:grants@thepeninsulacommunityfoundation.org)

**OR**

**5** MAIL APPLICATION QUESTIONNAIRE AND  
NECESSARY DOCUMENTS (LISTED ON LAST PAGE) TO:  
The Peninsula Community Foundation  
19101 Peninsula Club Drive  
Cornelius, NC 28031  
Attn: Grant Review Committee



# FUNDING CRITERIA

*Following are the criteria set forth by the Board of Directors of the Peninsula Community Foundation for consideration of funding by the PCF:*

- The Organization must primarily serve the needs of the local Community, defined as the towns of Davidson, Cornelius and Huntersville. This policy would not prevent the Foundation from supporting activities of an organization outside the Community where it was clear that the Foundation's support would directly benefit individuals within the Community.
- The Foundation should not support organizations primarily supported with federal, state or local taxes. This policy would not

prevent the Foundation from supporting a community activity that was also supported by such an organization, such as, the police department raising funds to help families at Christmas.

- The Foundation does not provide support to organizations whose sole purpose is to "re-gift" the funds received.
- The Foundation does not provide support to organizations that are affiliated with a particular religious organization unless the funds are directed to a significant project that is nonsectarian and benefits a broad base in the community.
- The Foundation does not support organizations whose activities are not primarily charitable, that is, meeting the needs of poor, distressed, elderly and handicapped.

- The Foundation should not provide seed money to organizations that are not yet formed or do not have a proven "operating model" to deliver services or do not have their 501(c)3 tax exempt status.
- The Foundation provides support for specific projects or programs with specified objectives.
- The Foundation's strong preference is to support efforts that assist larger numbers of people.
- For scholarships supported or provided by the Foundation, the primary emphasis will be on financial need and merit. The Foundation prefers to have the school or a school organization, such as PTA, select the students for scholarships in order to avoid any possible conflict situations.

## THE PCF NORMALLY MAKES GRANTS THREE (3) TIMES PER YEAR.

If you believe that your organization meets the criteria above and you are interested in pursuing a grant from the PCF, please complete the following questionnaire, provide the other information required as further outlined below, and submit to us per the following schedule:

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*Signature, President, Executive Director or Board Chair*

I certify that I have read the material above and believe that our organization meets the requirements necessary to be considered for a grant:

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*Name / Position*

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*Address*

*City*

*Zip Code*



# GRANT APPLICATION COVER SHEET

Application Date: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Year Founded Locally: \_\_\_\_\_

Legal name of organization applying: \_\_\_\_\_  
(Should be same as on IRS determination letter and as supplied on IRS Form 990.)

Executive Director: \_\_\_\_\_ Phone number: \_\_\_\_\_

Contact person/title/phone number (if different from executive director): \_\_\_\_\_

Address (mailing): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Website(s): \_\_\_\_\_

List any previous support from the PCF in the last 3 years: \_\_\_\_\_

Program Name: \_\_\_\_\_

Purpose of Grant (one sentence): \_\_\_\_\_

## PRIMARY GRANT TYPE:

Early Stage \_\_\_\_\_

Growth \_\_\_\_\_

Maintenance \_\_\_\_\_

## SERVICES:

Health Care \_\_\_\_\_

Housing \_\_\_\_\_

Emergency Aid \_\_\_\_\_

Community Dev. \_\_\_\_\_

Scholarships \_\_\_\_\_

## PRIMARY BENEFICIARIES:

Adults \_\_\_\_\_

Kids \_\_\_\_\_

Families \_\_\_\_\_

Planned Project Start Date: \_\_\_\_\_ Planned Completion Date: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Total Program Cost: \$ \_\_\_\_\_

Current Operating Budget: \_\_\_\_\_ Program Operating Budget: \_\_\_\_\_

\_\_\_\_\_ % of Operating Budget for admin/fundraising

\_\_\_\_\_ % of Operating Budget for this project

Expected Number of People Assisted \_\_\_\_\_ **per** week/month/year **for** \_\_\_\_\_ weeks/months/years.  
(circle one) (circle one)

Geographic Area Where Beneficiaries Live (please estimate percentages):

Cornelius \_\_\_\_\_ % Davidson \_\_\_\_\_ % Huntersville \_\_\_\_\_ %

Charlotte \_\_\_\_\_ % Mooresville/Iredell \_\_\_\_\_ % Lincoln \_\_\_\_\_ %



# GRANT APPLICATION NARRATIVE

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*Please type the application in standard size typeface no smaller than 11 points. You may reproduce this application but you must answer the questions in the order and form in which they are requested. Please be thorough enough to communicate your information, however, no extra credit for unnecessarily lengthy applications.*

## **1 BRIEF DESCRIPTION OF APPLICANT ORGANIZATION:**

*Include history, mission and goals. Please describe current programs, activities and accomplishments. Please include number of full and part time paid staff, number of volunteers and volunteer hours donated, number of beneficiaries/clients served and any other quantifiable information which will help us evaluate the effectiveness of your organization.*

## **2 PURPOSE OF GRANT:**

*Please describe needs/problems to be addressed; target population and how they will benefit; project goals; measurable objectives; action plans; and whether this is a new or ongoing part of your organization. Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs.*

## **3 QUALIFICATIONS OF PROJECT PERSONNEL:**

*Please describe the qualifications of key staff and volunteers that will ensure the success of the program.*



## 4 PROJECT/PROGRAM EVALUATION:

*Who will be responsible for evaluating the program, and how will success be defined and measured? What will be the quantitative and qualitative direct benefits to the beneficiaries? What will the benefits be to the North Mecklenburg community?*

## 5 PROJECT/PROGRAM DURATION:

*If this will be an ongoing program please include the long-term strategies for funding this project at the end of the grant period.*

## 6 PROJECT/PROGRAM FINANCIAL INFORMATION AND METRICS:

*Please submit a project/program budget. Please include all direct project/program costs, other funding secured and its source(s), other organizations from which you are seeking funding and the amount(s). How many people will the project/program directly benefit?*

## 7 CERTIFICATION:

*On behalf of our organization, I certify that the information contained in this application, including all attachments, is true and correct.*

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*Signature, Executive Director, President or  
Authorizing Official*

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*Name / Position*

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*Address*

*City*

*Zip Code*



# ADDENDUM TO GRANT APPLICATION

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Due to the large number of requests, The Peninsula Community Foundation is unable to grant funds for every proposal. Applicants should understand that rejection of a proposal in no way suggests rejection of the organization. To be considered in a given grant cycle, applications must be completed and emailed (preferred), or postmarked, to The Peninsula Community Foundation no later than the dates outlined below. Grant applications must be completed in their entirety to be accepted and considered.

## A COMPLETE GRANT APPLICATION TO THE PENINSULA COMMUNITY FOUNDATION MUST INCLUDE THE FOLLOWING:

- a completed grant application
- a copy of your IRS 501(c)(3) verification
- a copy of your financials including: the previous two year's Income Statement and Balance Sheet and IRS 990, as well as the current year Operating Budget
- a copy of the names of your Board of Directors

*Please supply all information, but attach only the documentation requested. Information not requested will not be considered (e.g., video and audio tapes, yearbooks, catalogues etc.).*

The applicant should retain a copy of the application for its files. Grants are awarded on a “one-time” basis unless specifically agreed to in writing by the PCF. Provision of a Grant by the PCF in any given year does not entitle the receiving organization to any grants from the PCF in any future years. All Grant notifications will be made in writing to the Organization representative at the address listed below.

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*For consideration at the April Grant-making meeting, application must be e-mailed (or postmarked)*

**FEBRUARY 28TH**

*For consideration at the Sept. Grant-making meeting, application must be e-mailed (or postmarked)*

**JULY 31ST**

*For consideration at the Dec. Grant-making meeting, application must be e-mailed (or postmarked)*

**OCTOBER 31ST**

## THE PENINSULA COMMUNITY FOUNDATION

19101 Peninsula Club Drive  
Cornelius, NC 28031

