



## CMF GRANT FUNDING GUIDELINES

### Overview

The Crape Myrtle Festival, Inc. (CMF) is an all-volunteer nonprofit organization that makes annual grants to 501(c)3 non-profit organizations. Through its granting process, CMF is committed to promoting the development of services and programs for HIV/AIDS service organizations and organizations serving the lesbian, gay, bi and transgender (LGBT) communities in the Triangle area. When making granting decisions CMF gives special attention to organizations that:

- Generally do not have access to government, university, or other large donor funding sources
- Are providing a wide range of services, networking opportunities, and outlets to the LGBT communities
- Are working with other organizations to network, share efficiencies, and build coalitions
- Have a proven track record as an established organization within the community, or can show through its work and key alliances that the organization is valued within the community (new organizations may be asked to provide letters of recommendation)
- Provide services to under-represented populations (women, people of color, economically challenged, etc.)
- Through outreach and education programs, focus on "healthy living" and prevention messages (for STD/HIV/AIDS, substance abuse, etc.), rather than only focusing on "treatment" and/or "case management."
- Propose ways and becomes active in promoting and supporting Crape Myrtle fundraising events.

CMF generally awards one or two large grants per year, ranging from \$10,000 to \$40,000. Most other grants range from \$500 to \$5,000. CMF encourages organizations **not to** consider CMF a long-term funding source. Organizations applying for CMF grants are required to have 501(c)3 status.

### APPLICATION INSTRUCTIONS

CMF awards grants one (1) time per year (in the late Autumn). **All grant applications must be postmarked by March 31, 2010** to be considered for 2010 funding.

#### **Complete applications are to be sent to:**

Crape Myrtle Festival, Inc.  
PO Box 12201  
Raleigh, NC 27605

#### **Questions?**

Contact us at: [info@crapemyrtlefest.org](mailto:info@crapemyrtlefest.org)

**Our web address is:** [www.crapemyrtlefest.org](http://www.crapemyrtlefest.org)

Please send **one (1)** copy of the organization's non-discrimination policy, IRS 501(c)3 determination letter, State of NC registration letter, and most recent 990 form is required.

# CRAPE MYRTLE FESTIVAL, Inc. GRANT APPLICATION FORM

## A. REQUESTING ORGANIZATION'S INFORMATION

Date Founded or Incorporated: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NC County \_\_\_\_\_ Zip: \_\_\_\_\_

Web Site: \_\_\_\_\_

Contact person & position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name & Position of person completing this application (if different from contact person):  
\_\_\_\_\_

Summarize the organization's mission (2-3 sentences): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your organization registered with the State?  Yes  No

## B. PROPOSAL INFORMATION

Type of Grant:  General Support  Start-Up Costs  Project Support  Other \_\_\_\_\_

Summary of project or grant request (2-3 sentences):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Have you applied to the Crape Myrtle Festival before?  Yes  No

Have you ever received funding from the Crape Myrtle Festival?  Yes  No

How would a grant award from CMF be communicated to your current donor base and to your donor base/supporters?:  
\_\_\_\_\_

## C. NETWORKING

Describe how your organization can help promote and participate in CMF fundraising events:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have volunteers who can assist CMF with the Gala or other events during the year?  Yes  No

If yes, please give name and contact information for your Volunteer Coordinator: \_\_\_\_\_

Is a representative of your organization available to present to the CMF Court to further explain your services?:

Yes  No

**Universal Organizational/Project Budget Form based on NNG Common Grant Application**

If organizational and project budgets are already prepared in a format similar to this one, please feel free to submit them in their original form. You may reproduce this form on your computer.

Organizational Budget: \$ \_\_\_\_\_ Project Budget: \$ \_\_\_\_\_ Fiscal Year Start Date: \_\_\_\_\_

**EXPENSES**

<u>ITEM</u>	<u>AMOUNT</u>	<u>Position FT/PT</u>
Salaries & wages (breakdown by position and indicate full or part time)	\$ _____	_____
	_____	_____
	_____	_____
	_____	_____
Fringe Benefits & Payroll Taxes	\$ _____	
Consultants & Professional Fees	\$ _____	
Travel	\$ _____	
Equipment	\$ _____	
Supplies	\$ _____	
Printing & Copying	\$ _____	
Postage & Delivery	\$ _____	
Rent & Utilities	\$ _____	
In-Kind expense	\$ _____	
Other (specify)	\$ _____	
_____	\$ _____	
<b>TOTAL EXPENSE:</b>	<b>\$ _____</b>	

**REVENUE**

<u>SOURCE</u>	<u>AMOUNT</u>
Government Grants/Contracts	\$ _____
Foundations	\$ _____
Corporations	\$ _____
Earned Income	\$ _____
United Way, Combined Federal Campaign & Other Federated Campaigns	\$ _____
Individual Contributions	\$ _____
Fundraising events & products	\$ _____
Membership Income	\$ _____
In-Kind Support	\$ _____
Other (specify)	\$ _____
_____	\$ _____
<b>TOTAL REVENUE:</b>	<b>\$ _____</b>
<b>BALANCE:</b>	<b>\$ _____</b>

**PROJECT BUDGET**

Description	Expense Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL EXPENSE</b>	<b>\$ _____</b>