

## **KALAMAZOO COUNTY BAR ASSOCIATION GRANT GUIDELINES**

The Kalamazoo County Bar Association (KCBA) periodically distributes monies from the KCBA Endowment Fund. The KCBA makes funding determinations on the basis of written applications. Copies of these Guidelines and Applications can also be obtained from the office of the Kalamazoo County Bar Association, 137 N. Park Street, Suite 104, Kalamazoo, Michigan 49007. Applicants will be notified in writing within 30 days of the disposition of their grant application. All grants will be made pursuant to a written announcement by the Kalamazoo County Bar Association Board President to the recipient setting forth any terms and conditions of the grant award. The method of payment will be selected on a case by case basis at the time of making the award. All applications will be initially screened to establish: 1) the eligibility of the applicant to receive Foundation funds, and 2) the completeness of the application.

*Grant applicants must agree to provide the following to the KCBA or a KCBA Foundation Committee:*

1. to make their financial records open to review, upon request of the Foundation, during the application process and thereafter if a grant is awarded in order to insure application of the grant funds to the designated project, and
2. that their applications, once received, become the property of the Foundation. The Foundation reserves the right to use any or all ideas presented whether or not an application is accepted for funding.
3. to provide, if requested, an interim report of how the grant money has been spent and status of the program and a final written report detailing how the grant money was spent and the results achieved.

### **GRANT CRITERIA**

FUNDING PRIORITIES: *The Kalamazoo County Bar Association places a priority on programs and applicants meeting one or more of the following criteria:*

*Programs which:*

1. demonstrate innovative approaches or new ideas
2. benefit Kalamazoo County or Southwest Michigan
3. have potential for independent continuity
4. demonstrate community support
5. avoid duplication of services in the service area
6. address underserved needs or populations
7. use challenge grants or other fund-matching arrangements to augment Foundation funds where possible

*Applicants who:*

8. have a history of service reflecting clear ability to deliver quality services
9. demonstrate cooperative efforts between service providers in their area
10. have sources of income in addition to Foundation funds

EXCLUSIONS: *Grants will not be made:*

1. to political campaigns or entities designed primarily for lobbying
2. to support religious activities
3. if the Foundation's tax exempt status would be jeopardized
4. if the applicant fails to show fiscal responsibility and integrity

*The Foundation generally will not make grants:*

5. to individuals or for individual scholarships
6. to endowment campaigns
7. to repay loans
8. as a substitute for other funds
9. if Foundation funds will be the organization's primary source of continuing financial support
10. for renewal of funding for the same project
11. that are equal to or greater than 25% of the amount available on an annual basis

**KCBA ENDOWMENT FUND GRANT APPLICATION**

Date: \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address of Organization \_\_\_\_\_

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

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

Geographic Area to be served by grant monies (i.e. City of Portage, County of Kalamazoo): \_\_\_\_\_

Amount of funding requested: \$ \_\_\_\_\_

Total Amount of Funding to complete project: \$ \_\_\_\_\_

Person preparing this application: \_\_\_\_\_

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

Is your organization tax exempt?      Yes      No      Pending

Please attach copy of IRS exempt letters.

Briefly describe applicant organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title of project: \_\_\_\_\_

Anticipated Beginning date of project: \_\_\_\_\_

Anticipated ending date of project: \_\_\_\_\_

Has your organization applied for KCBA funding previously?      Yes      No

If yes, please list the years for which the organization applied: \_\_\_\_\_

On a separate sheet(s) of 8 ½ x 11 paper please describe the project and/or anticipated activity for which funds are being requested. Include project objectives, needs to be met, number of people to be benefitted, anticipated results and a brief history of the requesting organization and the program. If this is a new program, please list the facts that led to the determination that this program was needed. Describe briefly what community support you have or have had for the project. List other organizations that will be involved with or support the program financially or otherwise.

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*Send completed application to:*

*KALAMAZOO COUNTY BAR ASSOCIATION*

*137 N. Park Street, Suite 104*

*Kalamazoo, Michigan 49007*

*269-381-4693*