



Grant Proposal Guidelines

FRIENDS OF ITAWAMBA RESPONDING TO SECURE TOMORROW (FIRST) is a non-profit, charitable, publicly-supported, philanthropic organization operating as an affiliate of CREATE Foundation (Tupelo, Mississippi). Its purpose is to improve the quality of life for people in Itawamba County. The Foundation serves as a link between donors and the community and seeks to promote and provide leadership and cooperative action in support of programs in the areas of:

- **Education**
- **The Arts**
- **Social Welfare**
- **Special Projects**

FIRST will consider support only for programs that serve Itawamba County communities. The following policies govern the award of grant support from FIRST.

- FIRST considers grant applications only from non-profit, tax-exempt organizations providing services to the Itawamba County area or projects for the public good.
- FIRST considers requests for funding of startup projects (seed money), capital needs (“bricks & mortar”) and/or projects that show expansion of successful programs/services.
- FIRST is most interested in funding programs/projects that have the **greatest impact** and that provide **lasting, sustainable results**.
- FIRST typically does not provide funding for salaries or continuing operational support to sustain programs or projects.

Application Procedure

The local Board of Directors manages the grant-making process by receiving and evaluating grant applications. After board consideration of all grants, you will be notified of the grant proposal decision. If you are unsure about your proposal idea or if you have questions concerning any portion of this grant application, please feel free to contact Laken Osborn laken.osborn@sfbcc.com or Mike Ellis at mike@cfoff.com.

Applications are considered throughout the year.



Grant Proposal

Email or submit to Vaunita Martin or Laken Osbirn, P.O. Box 368, Fulton, MS 38843

laken.osbirn@sfbcc.com or mike@cfoff.com Telephone: 662-523-1151

Submitted by: _____
(Organization)

Executive Director: _____
(Typed Name) (Signature)

Contact Person: _____
(Typed Name) (Phone) (Email)

Address: _____ Zip: _____

Check one: New Organization _____ New Program _____ Existing Program _____

Funding Category (check all that apply)

Education The Arts Social Welfare Special Project

Check one: have your 501(c)3 - or - have a fiscal sponsor that is a 501(c)3 _____
(Name)

Target Population(s) _____

Program Site Address _____

Amount Requested \$ _____ Total Project Budget \$ _____

Summary of Proposed Program or Event: (Attach additional pages as needed)

 Approved Disapproved \$ _____ Amount Date: _____