

The Coleman Foundation
Elevator Grant Session at NACCE 8th Annual Conference
Registration Form

SUBMISSION DEADLINE

Completed registration forms will be accepted by The Coleman Foundation between September 6, 2010 and September 13, 2010. Submissions are to be Microsoft Word or Adobe Acrobat documents e-mailed to info@colemanfoundation.org. If necessary, applications may be sent via fax to 312-902-7124. E-mail submittals are strongly preferred. The Foundation will confirm receipt of proposals at the end of the workday via an e-mail to applicants who have submitted proposals that day. However, please send submittals such that a delivery receipt is returned to you to provide immediate confirmation of receipt (if your e-mail system allows this).

COMMUNITY COLLEGE

Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Institutional Rep. (Dean, Academic V.P., etc.) _____

Phone _____ E-mail _____

PROJECT DIRECTOR

First Name _____ Initial _____ Last Name _____

Title _____ Phone _____

E-mail _____ *(required for confirmation)*

REQUESTED AMOUNT (INCLUDING MATCHING FUNDS) \$ _____

- PROJECT CATEGORY**
- EFFECTIVE PARTNERSHIPS AND COLLABORATIONS**
 - SUPPORTING EXISTING ENTREPRENEURS**
 - SPECIALTY AND OUTREACH PROGRAMS**

PROJECT TITLE

A BRIEF ABSTRACT OF THE PROJECT NOT TO EXCEED 40 WORDS:

Grant Period – Time frame for use of funds – start to end _____

Date submitted _____

PROJECT DESCRIPTION *should be no more than 2 pages and must include:*

- The *activities* for which you are requesting. If a returning grantee, provide brief history of the previously-funded program and show how it will be leveraged by the proposed activity.
- Project *timeline* indicating expected dates of activities.
- The *activity metrics* which will guide your evaluation of program execution (e.g. number of workshops for entrepreneurs and number of attendees).
- The *outcomes* that will result from your program by the end of the grant period (e.g. local business owners will become deeply engaged in campus programmatic activity).
- The *outcome metrics* and *expected targets* which will demonstrate the impact of your activities (e.g. 3 articulation agreements will be in place with key partner school districts and universities by December 31, 2011).

MATCHING FUNDS *(if requested) should be no more than 1 additional page and must include:*

- State the amount of funds you will raise from new sources (not annual supporters, governmental or your institution) to complement grant funds.
- Describe the anticipated sources of these funds (e.g. local entrepreneurs) and how they will be solicited/raised.

EVIDENCE OF INSTITUTIONAL SUPPORT (FINANCIAL AND OTHER).

- This must include letter(s) from institutional leadership characterizing the degree of support for the program. Evidence of this support may include hard dollar contributions, and commitments of faculty release time or other dedicated staff support.

EVALUATIVE CRITERIA.

- Project descriptions will be reviewed for their quality and measured on the likelihood that proposed activities will lead to stated outcomes.
- Budgets will be evaluated for completeness and efficiency of spending plans.
- Matching gift strategies will be evaluated for their ability to generate new financial support from local entrepreneurs and alumni.
- The Foundation is most interested in supporting proposals which include:
 - A strong commitment on the part of the proposing institution evidenced by hard dollar support;
 - Financial support for the program from alumni, business owners and/or local businesses which supplements that from the institution and the Foundation;
 - A plausible plan to achieve sustainability of the proposed project;
 - The active involvement of practicing entrepreneurs in the program design and execution. The program description should include the entrepreneur's purposes and amounts of support.

PROJECT BUDGET

- Including all sources of hard dollars and uses of funds including line-item detail of how requested grant funds will be expended. Please use table below, adding rows if necessary.

Project Budget	Grant Request	Other Funding Sources	Total Funds (Request + Other)
Coleman Foundation – base \$ (up to \$7,500)			
Coleman Foundation – match \$ (up to \$5,000)			
Institutional Support			
Matching Funders (up to \$5,000)			
Other Funders (in addition to dollars to be matched)			
Total Revenue	\$	\$	\$
Total Expense	\$	\$	\$