ST. CLAIR COUNTY STRONG

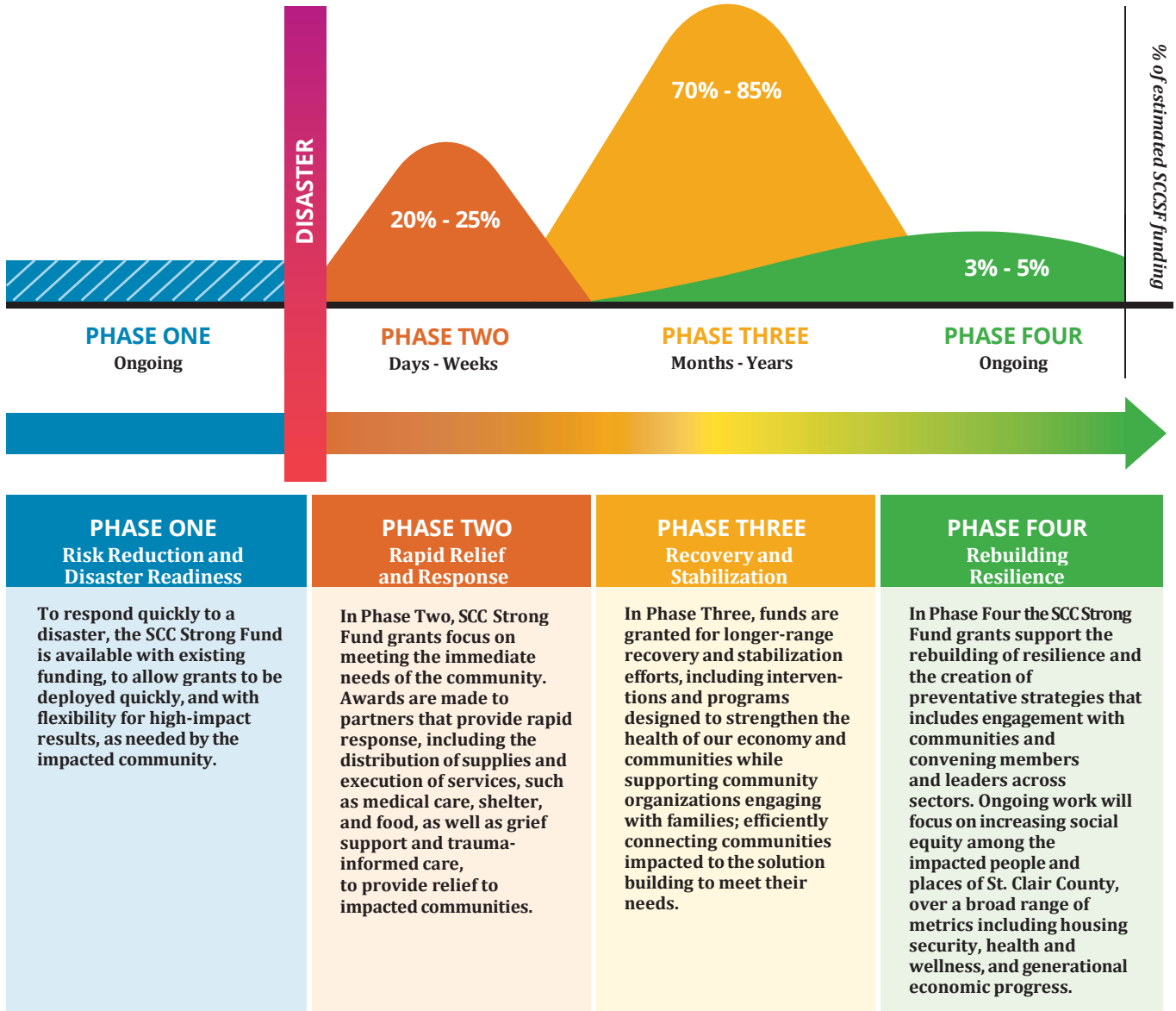**A COMMUNITY FOUNDATION OF ST. CLAIR COUNTY FUND**

APPROACH TO DISASTER RESPONSE

The Community Foundation of St. Clair County adopted this four-phase approach to disaster response, based on the lessons learned from the 2023 disaster in Maui and the incredible response from their philanthropic community.

To qualify for support from this fund, disasters must be declared by the county, state or federal governments or the Community Foundation, unless it's for Risk Reduction and Disaster Readiness.

This approach acknowledges both the immediate and long-term recovery needs for the people and places affected by disaster events.

% of estimated SCCSF funding

DISASTER

70% - 85%

20% - 25%

3% - 5%

PHASE ONE
Ongoing

PHASE TWO
Days - Weeks

PHASE THREE
Months - Years

PHASE FOUR
Ongoing

PHASE ONE Risk Reduction and Disaster Readiness	PHASE TWO Rapid Relief and Response	PHASE THREE Recovery and Stabilization	PHASE FOUR Rebuilding Resilience
To respond quickly to a disaster, the SCC Strong Fund is available with existing funding, to allow grants to be deployed quickly, and with flexibility for high-impact results, as needed by the impacted community.	In Phase Two, SCC Strong Fund grants focus on meeting the immediate needs of the community. Awards are made to partners that provide rapid response, including the distribution of supplies and execution of services, such as medical care, shelter, and food, as well as grief support and trauma-informed care, to provide relief to impacted communities.	In Phase Three, funds are granted for longer-range recovery and stabilization efforts, including interventions and programs designed to strengthen the health of our economy and communities while supporting community organizations engaging with families; efficiently connecting communities impacted to the solution building to meet their needs.	In Phase Four the SCC Strong Fund grants support the rebuilding of resilience and the creation of preventative strategies that includes engagement with communities and convening members and leaders across sectors. Ongoing work will focus on increasing social equity among the impacted people and places of St. Clair County, over a broad range of metrics including housing security, health and wellness, and generational economic progress.

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GRANT APPLICATION

Name of Organization: _____ Date: _____

Executive Director (superintendent): _____

Contact person (if different from Executive Director): _____

Tax ID *(if applicable)*:_____ Address:_____

City/State/Zip:_____

Phone #: _____ Email: _____

Project/Program Name: _____

Areas of Disaster Approach (check all that apply):

☐ Risk Reduction and Disaster Readiness   ☐ Recovery and Stabilization

☐ Rapid Relief and Response   ☐ Rebuilding Resilience

Purpose of Grant (one paragraph):

Geographic Area Served:_____ Estimate of Individuals Impacted #_____

Total Project Cost: _____ Amount Requested: _____

_____
Signature of Chairperson, Board of Directors, Superintendent   Date

_____
Typed Name and Title

_____
Signature of Applicant   Date

Briefly tell us about your organization's mission/programming specifically as it relates to this request:

Tell us more about your request:

How does this request address the impact of the disaster? Who will it affect and how? Why are you the best organization to address the need? Describe any work you've already done to respond to the disaster. Be concise- think elevator pitch, not term paper.

How will you proceed if you do not receive funding from the Community Foundation?

Community Foundation
of St. Clair County

Section 2: Program/Project Budget

2A Time period this budget covers

2B_____
     Total cost of project

2C_____
     Amount requested from Community Foundation

2D Description of various budget categories (for a large financial request, make up your own more detailed form. (e.g. separate salaries, taxes, fringes or supplies, printing & copying.) In most cases Revenues will equal Expenses, if they are not equal include an explanation below.

Revenues:	**Committed**	**Pending**
Grants (specify):	$_____	$_____
Donations:	$_____	$_____
Organization Contribution:	$_____	$_____
In-kind support (specify):	$_____	$_____
Event Revenue (tickets, ad sales merchandise)	$_____	$_____
Other:	$_____	$_____

This grant request: $_____

Totals for committed and pending: $_____ $_____

TOTAL REVENUES (committed + pending = Total Revenue) $_____

Expenses:

Salaries, payroll taxes, fringe benefits	$_____
Consultants and professional fees	$_____
Insurance	$_____
Equipment	$_____
Supplies (printing, copying, telephone, fax, postage)	$_____
Rent, utilities, maintenance	$_____
Evaluation	$_____
Marketing	$_____
Other (specify)_____	$_____

TOTAL EXPENSES   **$ _____**

If Revenues do not equal Expenses please provide explanation. What is your plan to make up the difference?

Completed grant applications can be emailed to disaster@stclairfoundation.org or mailed to 500 Water Street, Port Huron, MI 48060

Section 3: Organization Background

3A: Organization's fiscal year _____

3B: Attach a copy of:

 1) current IRS tax exempt status letter

 2) most recent financial statements (e.g. Statement of Activities and Statement of Financial Position)

 3) a copy of organization's current Annual Operating Budget (revenues/expenses). If revenues do not equal expenses please provide explanation.

3C: Names, affiliations and terms of office for Officers and Directors, organizational chart. *(if available)*

3D: Additional information helpful in knowing about your organization.