

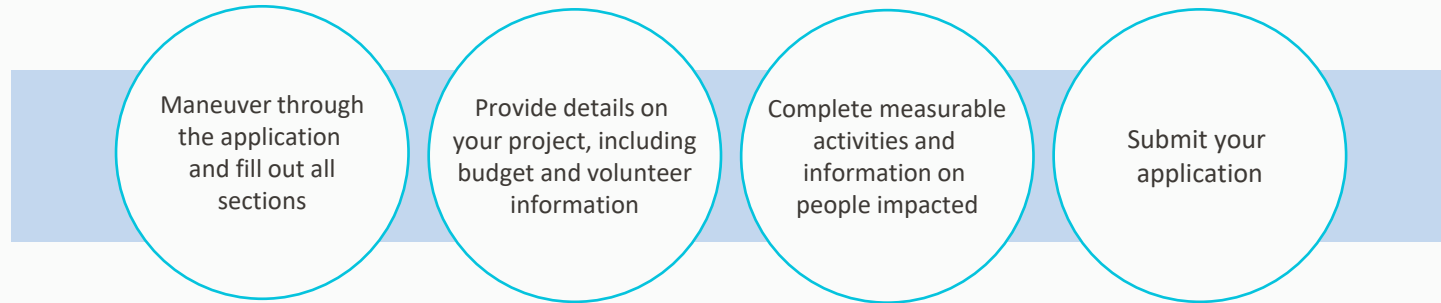


GRANT PROPOSAL SUBMISSION GUIDE





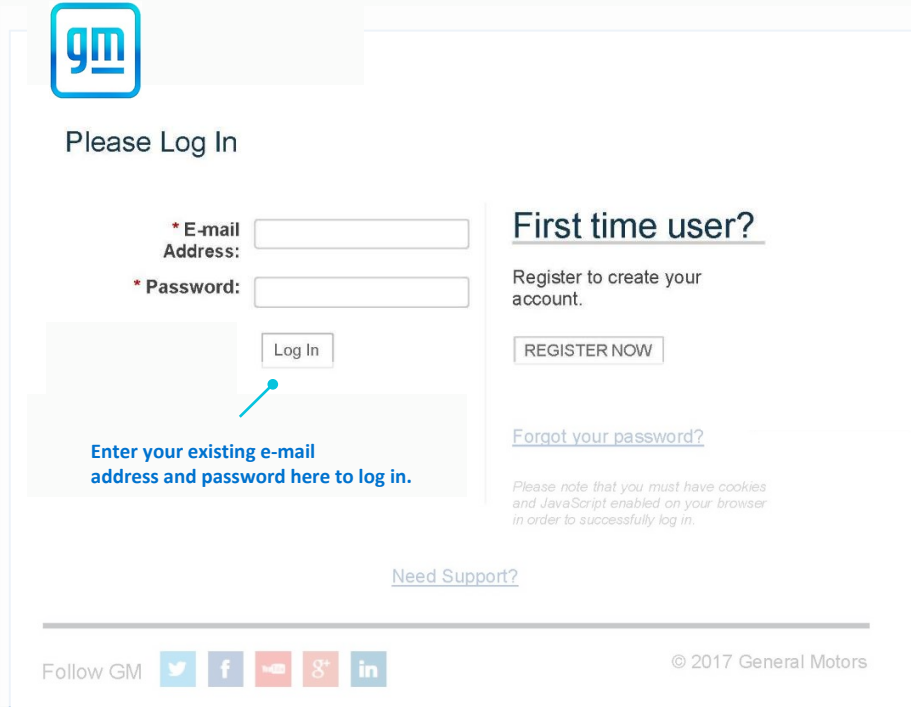
General Motors works to create sustainable solutions that improve the communities in which we live and work around the world. This presentation will provide a brief overview of steps you will need to fill out a full proposal through our online giving system. It provides guidance on how to:




Please visit [GM.com](https://www.gm.com) to see more information on our Giving Focus Areas and expected program outcomes.



LOG IN



The screenshot shows the GM login interface. At the top left is the GM logo. Below it, the text "Please Log In" is displayed. The login form consists of two input fields: "* E-mail Address:" and "* Password:". Below these fields is a "Log In" button. A blue arrow points from the "Log In" button to a text box that says "Enter your existing e-mail address and password here to log in." To the right of the login form is a section titled "First time user?" with the text "Register to create your account." and a "REGISTER NOW" button. Below this is a link "Forgot your password?". At the bottom of the login section is a link "Need Support?". At the bottom of the page, there is a horizontal line, followed by the text "Follow GM" and social media icons for Twitter, Facebook, YouTube, Google+, and LinkedIn. On the right side of the bottom is the copyright notice "© 2017 General Motors".



Please Log In

* E-mail Address:

* Password:

Enter your existing e-mail address and password here to log in.






First time user?

Register to create your account.

[Forgot your password?](#)

Please note that you must have cookies and JavaScript enabled on your browser in order to successfully log in.

[Need Support?](#)

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After clicking on the grant application link, you will be taken to the **log in page**.

If you log in with an existing account, you will be taken directly to the GM grant proposal.



ORGANIZATION HOME SCREEN

Applications Requiring Action

Action	Project Title	Application Date	Proposal Type	Application Amount
Continue		03/16/2021	GM Grant Proposal	\$0.00
Continue		03/16/2021	Letter of Inquiry	\$0.00
Continue		03/16/2021	GM Abbreviated Proposal	\$0.00

START A NEW APPLICATION

Click here to start the new
Full Proposal

Any current applications that you
are working on will show up here

The lower part of
the **home screen** will
show a START NEW
APPLICATION button.
Click on it to begin
the full proposal.

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ABOUT YOUR ORGANIZATION



WELCOME PAGE ABOUT YOUR ORGANIZATION PRIMARY CONTACT INFORMATION BANKING INFORMATION ABOUT YOUR REQUEST PROJECTED IMPACT PEOPLE SERVED DEMOGRAPHICS COMPLIANCE

About Your Organization

* **Organization Legal Name**
This is the name of the organization as registered with the IRS.

* **Tax ID**

* **Address**
Enter the organization's primary address.

* **City**

* **State**
(Not Applicable)

* **Zip/Postal Code**

* **Telephone**
Enter the organization's primary telephone number.

* **Website Address**
Enter the organization's website address.

* **Head of Organization Name**
Provide the full name of the organization's Senior Executive.

* **Senior Executive Title**
Type in the official title of the organization's senior executive.

* **E-mail Address**

* indicates required field

The tab you are on will be highlighted blue.

Please enter your information in all sections. The asterisk indicates a required field.

There will be eight tabs containing fields that will need to be completed. When all required data fields are completed, you can submit your application.

ABOUT YOUR ORGANIZATION – cont'd



*** Work Phone**

Enter the telephone number for your organization's Senior Executive.

*** Year Established**

*** Organization Mission and Purpose**

In 500 characters or less, describe the organization's mission and overall purpose.

(500 character maximum)

*** Briefly describe your organization's major projects and activities.**

(1500 character maximum)

*** Describe people served annually by your organization in terms of age, race, ethnicity and income.**

(1000 character maximum)

*** How many full-time and part-time staff are employed by your organization?**

(250 character maximum)

*** Number of Board of Directors**

*** Percentage of Board Members Who Contribute Financially**

*** If less than 100% of board members contributed financially, explain why.**

Enter N/A if 100% of board members contributed financially.

(1000 character maximum)

Make sure to answer these questions succinctly and accurately best describe the work done by your organization.

ABOUT YOUR ORGANIZATION – cont'd



* Board of Directors Involvement

Describe how involved your Board of Directors is in organization activities. Provide examples of Board involvement.

(2000 character maximum)

* Board of Directors List

IMPORTANT: Make sure your most current board of directors list is uploaded into this proposal.

UPLOAD FILE

* Ethnicity or Race Percentage of Board Members

Provide a percentage breakdown of ethnicity or race for the current Board of Directors.

<input type="text"/>	% Asian
<input type="text"/>	% African American or Black
<input type="text"/>	% American Indian or Alaska Native
<input type="text"/>	% Arab American
<input type="text"/>	% Hispanic or Latinx
<input type="text"/>	% White
<input type="text"/>	% Other

* Ethnicity or Race Percentage of Staff

Provide a percentage breakdown of ethnicity or race for staff employed by your organization.

<input type="text"/>	% Asian
<input type="text"/>	% African American or Black
<input type="text"/>	% American Indian or Alaska Native
<input type="text"/>	% Arab American
<input type="text"/>	% Hispanic or Latinx
<input type="text"/>	% White
<input type="text"/>	% Other

SAVE AND PROCEED

Please enter your
information in all
sections.

Update your
Board of
Directors
information if
there are any
updates.

Click Save and Proceed to
go to the next section.

PRIMARY CONTACT INFORMATION



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Primary Contact Information

* indicates required field

* **Prefix**

* **First Name**

Enter this contact's first name.

Middle Name

Enter this contact's middle name.

* **Last Name**

Enter this contact's last name.

* **Position Title**

Indicate this contact's primary occupation/title.

Address

City

If you are new to our online application, you will be asked to fill out this form.

If you are a returning user, you can simply check your name, then click proceed to move on to the next section.

PRIMARY CONTACT INFORMATION cont'd



State

Zip/Postal Code

*** Telephone**

Enter this contact's telephone number.

Telephone Extension

Indicate this contact's telephone extension (if applicable).

*** E-mail Address**

Enter this contact's email address.

Click Save and Proceed
once the information is
entered.

SAVE AND PROCEED

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BANKING INFORMATION



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Banking Information

* indicates required field

You are responsible for inputting the correct banking information. Any purposeful attempt to enter incorrect information could be considered fraud. IMPORTANT - Do not add any special characters, such as hyphens or commas, to the bank routing or account numbers.

* ACH Deposit Yes

* Bank Account Type

* Bank Country

Payee EFT Bank

Payee EFT Account Name Legal name associated with this account

Payee EFT Bank Account Number

Confirm Payee EFT Bank Account Number

Payee EFT Routing Code

Confirm Payee EFT Routing Code

SAVE AND PROCEED

All awarded proposals will be funded by electronic fund transfer (EFT) to your bank.

Enter the correct bank information to ensure proper payment

ABOUT YOUR REQUEST



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About Your Request

* indicates required field

Provide responses to all requested criteria. (*Note: All required fields are marked with an asterisk).

*** Request Date**

*** Project Start Date**
Enter the start date for this project.

*** Project End Date**
Enter the end date for this project.

*** Project Title**
Provide the name of your project.

*** What Focus Area does this project best align with?**
Select the appropriate program area that corresponds to this request.

*** Geographical Area Served**
Select all of the states where your project will be implemented. If it will be primarily implemented in Michigan, please indicate whether it is All of Michigan, Southeast Michigan or Detroit.

NORTH AMERICA

-----All of North America

-----Canada

-----Mexico

-----Puerto Rico

*** Project Overview**
Provide a brief description of your proposed program (500 characters maximum)

(500 character maximum)

The selected Focus Area will provide the Social Outcome (program goal) and a checklist of outcomes to choose from on the Projected Impact tab.

In this section, make sure to provide as much information as possible for each text field.

Your program may be incredible. However, if we don't have the information, we can't determine if your program is worthy of funding.

ABOUT YOUR REQUEST – cont'd



* Project Need

Explain the need in the community that the program is addressing, and include economic and demographic statistics to support the statement.

(2000 character maximum)

* Relevant Organizational Experience

Provide any organizational or staff experience operating a program similar to the one described in this application.

(2000 character maximum)

* Organization's Annual Operating Budget

What is the annual budget of your organization?

* Total Annual Project Cost

Indicate the total amount that is budgeted annually for this program.

* Requested Cash Amount

* Describe other funding sources and dollar amounts of funding for this project.

List other Foundations, Corporations, and/or individuals that are contributing to this project, along with dollar amounts provided by each funder.

(2000 character maximum)

Vehicle & Road Safety Social Outcome Budget Breakdown

Please align your budget request to the Social Outcomes checked. For example, if you clicked only one Social Outcome, you would enter 100%. If you clicked two Social Outcomes, provide the percentage of the budget allocated to each Social Outcome.

% Increase in seat belt and restraint usage

% Decrease in impaired and distracted driving

% Increase in awareness of emerging vehicle technologies & effective road safety practices

* Provide the amount of funds to be allocated by state for project activities.

All of United States

Alabama

Alaska

Provide details on the overall need for the proposed project and your organization's ability to address the need.

Provide a percentage breakdown of how your budget aligns to your chosen Social Outcomes.

Provide a percentage breakdown of funding by state. In the grant application, all 50 states are listed.

ABOUT YOUR REQUEST – cont'd



* Budget

The Program Budget for your request needs to be prepared on our Budget Template form. Click on the [Budget Template Form](#) to download this form, or on the [Template Instructions](#) for guidance.

Click the "Upload File" link in order to attach your document. Supported file types are .pdf, .xls, .doc, and .rtf.

UPLOAD FILE

LD203 - Gov. Official Related Request

Select 'Yes' if the payments are for the cost of an event to honor or recognize a covered legislative or executive branch official; to an entity that is named for a covered legislative branch official; to a person or entity in recognition of a covered legislative branch official; to an entity established, financed, maintained, or controlled by a covered legislative or executive branch official; to an entity designated by a covered legislative or executive branch official; and to pay the costs of a meeting, retreat, conference, or other similar event, held by, or in the name of, one or more covered legislative or executive branch officials.

* Donation of Non-vehicle GM Assets

Throughout the year, GM has a variety of assets that are still useful, but have outlived their company use. If available, what items would your organization need to enhance the project you are applying for? NOTE: GM vehicles and auto parts are not available for donation.

- ☐ Office furniture (chairs/desks/tables, televisions, projectors, etc.)
- ☐ IT equipment (computers, monitors, etc.)
- ☐ Storage (cabinets, racking, tool boxes, etc.)
- ☐ Industrial machinery (CNC, welding, lathes, presses, etc.)
- ☐ Infrastructure (HVAC, electrical, cafeteria supplies, etc.)
- ☐ Lab equipment (microscopes, dynamometers, chambers, analyzers, flasks, etc.)
- ☐ Outdoor equipment (ladders, paint, air compressors, etc.)
- ☐ Other
- ☐ No donations needed

* Donation of Non-vehicle GM Assets Details

Of the items checked above, provide more details on the types of items requested.

(1000 character maximum)

* Is there an opportunity for GM employees to serve as volunteers? If so, in what capacity?

(2000 character maximum)

* Nearest GM Facility to Volunteer Opportunity

* Is a GM employee affiliated with your organization (board member, volunteer, etc.)?

SAVE AND PROCEED

Instructions to fill out the budget template are provided on the next slide.

GM may have in-kind assets we can donate to support your program. If your nonprofit is interested in receiving in-kind donations, provide enough detail to help us properly search for resources.

GM employees across the United States volunteer with nonprofit organizations. The more detail you provide, the better we can match employees to your program.

INSTRUCTIONS FOR COMPLETING BUDGET



GENERAL MOTORS				
Name of Organization				
Name of Project				
Project Period				
Personnel	Project Salary	Fringe Benefits	Total GM Request	Total Project Budget
Program coordinator	\$20,000	\$7,000	\$27,000	\$40,000
Position 2				
Personnel Total			\$27,000	\$40,000
Personnel Notes: EXAMPLE: The Program Coordinator will oversee daily program activities to ensure all stated objectives and outputs will be met.				
Travel	Narrative Description			
Local	10,000 miles staff travel, \$0.55/mile		\$5,500	\$7,000
National			\$0	\$0
Travel Total			\$5,500	\$7,000
Other Costs	Narrative Description			
Office Supplies				
Copying				
Equipment				
Consultants and Professional Services	EXAMPLE: \$5,000 requested to hire a home inspection consultant to provide three days of training to 15 staff.		\$5,000	\$15,000
Postage				
Other Costs				
Other Total			\$5,000	\$15,000
Total Direct Cost			\$37,500	\$62,000
Indirect Cost (15%)	Enter the indirect cost percentage		\$5,625	\$9,300
Total Project Cost			\$43,125	\$71,300

Enter your organization information requested in these rows.

Enter this information for each position.
Add as many rows as needed.

Under personnel notes, describe what each position will do.

Enter your calculations for travel, both local and national.

Do the same for other costs.

Make sure each category total is calculated.

All total categories need to equal the total direct cost. Add to indirect cost for total project cost.

PROJECTED IMPACT

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Projected Impact

* indicates required field

In this section, you will outline all major activities included in your program. Please carefully read the instructions included with each field. When possible, reference the output as the number of individuals served by the activity.

STEM EDUCATION INDICATOR:

of students with employable labor skills for careers in STEM

Project Aligned STEM Social Outcomes

Click on the social outcome or outcomes that your program activities and outputs are aligned with.

- ☐ Increase in students who earn a STEM degree that matches market needs
- ☐ Increase presence, achievement and persistence for underrepresented minorities in STEM fields
- ☐ Increase in supply of qualified teachers trained in STEM subjects

* What is the primary intent of this proposed project?

Provide project activities and outputs.

In the following section, make sure to read the instructions provided.

How many activities?

Project Activity #1

Make sure this statement includes the output number. Example: Provide after-school tutoring for 50 elementary students.

(500 character maximum)

Activities Narrative

Provide details on steps needed to achieve this activity.

(2000 character maximum)

Output #1

This field must be a measurable number.

You may choose up to five activities.
Provide enough detail to warrant the
level of funding requested.

Make sure to include the activity output
number in the activity description.

This section is a description of the overall project for which you are seeking funding. Provide as much details as you can so we can make an informed decision on funding this project.



PROJECTED IMPACT –cont'd

Output #1 Unit of Measurement

Provide the unit of measurement for the output above. Examples include people, pounds of food, programs developed, etc.

Provide the unit that will be used to measure the activity output.

Output Verification

Describe the types of tools that were used to verify activity outputs. This could include certificates of completion, sign-in sheets, pre-post surveys, etc.

(500 character maximum)

What is the project evaluation plan?

If you are evaluating your program, provide details on steps needed to evaluate program outputs and program impact. If you are not evaluating your proposed program, leave the field blank.

(2000 character maximum)

If your organization is either conducting an internal evaluation of the program or hiring a third party evaluator, provide details on how the program will be evaluated.

Evaluation Tools to be Used

List the tools to be used to evaluate the project (surveys, data collection, interviews, etc.). If you are not evaluating the effectiveness of this project, leave the field blank.

SAVE AND PROCEED

PEOPLE SERVED



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People Served

* indicates required field

Enter the total non-duplicated number of people served.

For example, if the first two activities serve the same 50 people and activity three serves 200 other people, the answer would be 250. If your proposal activities do not directly serve individuals, put zero as an answer.

Non-duplicated number of people served breakdown

Describe how you calculated the non-duplicated number of people served.

(1000 character maximum)

Community Development People Served by Social Outcome

Enter the DUPLICATED number of people to be served by social outcome. For example, a person who provides job training and financial literacy. In this case that person would be counted once in each social outcome.

Increase basic literacy, essential technical skills and living wage employment opportunities

Increase access to resources including food, housing, transportation and financial education

Increase air/water quality and clean energy through sustainable solutions and green transportation

Increase in innovative and collaborative community improvements

0.00 Total

* Provide the number of people to be served in each state.

All of United States

Alabama

Alaska

Arizona

Arkansas

California

Colorado

In these two fields, describe the total number of non-duplicated people to be served.

Provide the duplicated number of people to be served by social outcome. Participants may be impacted by more than one social outcome.

This section is a description of the people to be impacted by this project.

DEMOGRAPHICS



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Demographics

* Indicates required field

Provide GM with responses to the following demographics based on the communities this project/program will support.

* Ethnicity or Race Percentage of Populations Served by this Project

Provide a percentage breakdown of the diverse communities this PROJECT will support. If the project does not track race/ethnicity, enter 100 in N/A and provide explanation in text field below.

<input type="text"/>	% Asian
<input type="text"/>	% African American or Black
<input type="text"/>	% American Indian or Alaska Native
<input type="text"/>	% Arab American
<input type="text"/>	% Hispanic or Latinx
<input type="text"/>	% White
<input type="text"/>	% Other (see below)
<input type="text"/>	% N/A (see below)

Other Ethnicity or Race

Describe other ethnicities or races served by the this project.

(500 character maximum)

If N/A is checked above, provide more details on why this information is not tracked.

Describe why you are unable to provide the Ethnicity or Race breakdown of populations served by this project.

(500 character maximum)

Fill out information concerning the populations your organization serves annually.

DEMOGRAPHICS – cont'd



* Age Group Percentage

Provide a percentage breakdown of the age group(s) this program will impact.

<input type="text"/>	% Under 5 yrs.
<input type="text"/>	% 5-18 yrs.
<input type="text"/>	% 19-24 yrs.
<input type="text"/>	% Adults (25-63 yrs.)
<input type="text"/>	% Seniors (64 & over)
<input type="text"/>	% Other

* Population Served Percentage

Provide a percentage breakdown of the population(s) that this PROJECT will serve.

<input type="text"/>	% People with Disabilities
<input type="text"/>	% Veterans/Military
<input type="text"/>	% LGBTQ
<input type="text"/>	% Women
<input type="text"/>	% Other
<input type="text"/>	% All

SAVE AND PROCEED

Fill out information concerning the populations your organization serves annually.

Compliance

* indicates required field

* Guidelines Consent

Check this box to confirm that you have read our [guidelines](#) and understand that GM reserves the right to make funding decisions based on its own criteria and objectives.

☐ I Agree

* Anti-discrimination Certification

Check this box to confirm that your organization does not discriminate in the provision of services unlawfully on the basis of race, religion, color, sex, national origin, age, marital status, mental or physical ability, sexual orientation, gender identity or expression.

☐ I Agree

* Grant Terms and Conditions

Check this box to confirm that you have read [grant terms and conditions](#) that will need to be adhered to if your proposal is chosen for funding.

☐ I agree

* Privacy Statement

Check this box to confirm that you have read our [privacy statement](#) and understand the conditions in which GM will share organization or personal information gathered in the grant application.

☐ I Agree

* EFT Acknowledgement

Check this box to verify that you have entered your organization's bank account and routing information in this application. As a reminder, if your proposal is funded, you will only receive payment through electronic fund transfer (EFT).

☐ I Agree

SAVE AND PROCEED

After you click
Save and
Proceed, you
will be able to
either review
your proposal
or submit to
GM Corporate
Giving for
review.



ORGANIZATION HOME SCREEN

Applications Requiring Action

Action	Project Title	Application Date	Proposal Type	Application Amount
Continue		03/16/2021	GM Grant Proposal	\$0.00
Continue		03/16/2021	Letter of Inquiry	\$0.00
Continue		03/16/2021	GM Abbreviated Proposal	\$0.00
Continue		03/24/2021	GM Grant Proposal	\$0.00

Your Submitted Application

Action	Project Title	Application Date	Proposal Type	Application Amount	Status
View		03/24/2021	Letter of Inquiry	\$333.00	LOI Submitted

START A NEW APPLICATION

You will always be able to check the status of your application. As we make decisions, this status will change.

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The lower part of the **home screen** will show the status of current or submitted applications.



NEXT STEPS

Once your proposal is submitted, it may take up to six weeks for General Motors to make a grant decision.

Thank you for taking time to review this process.

If you have any questions, please email us at GivingBack@gm.com