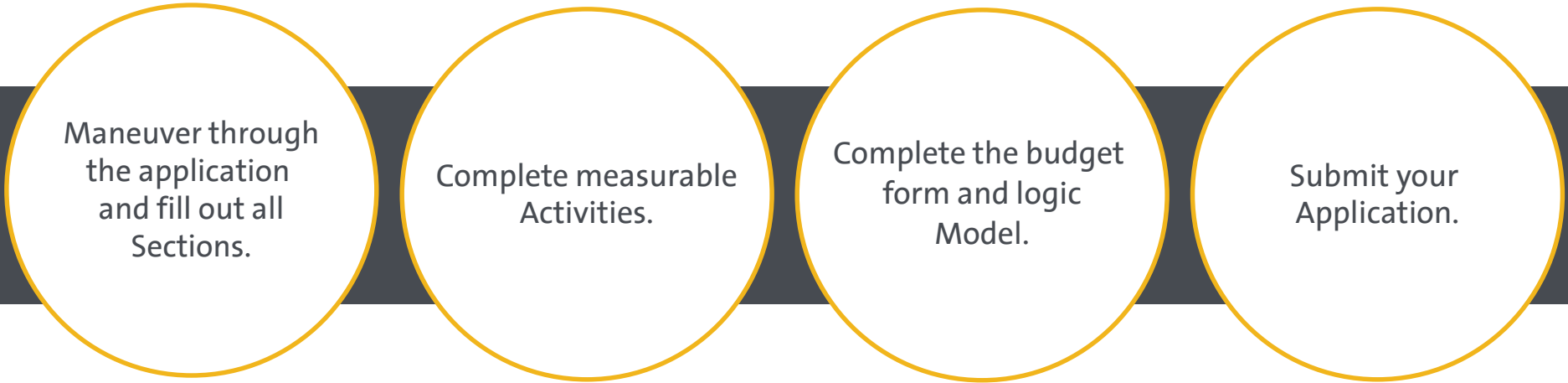




GM CORPORATE GIVING ONLINE SUBMISSION GUIDE

For Completing the GM Grant Application

General Motors is committed to fostering smart, safe and sustainable communities. 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:



Maneuver through the application and fill out all Sections.

Complete measurable Activities.

Complete the budget form and logic Model.

Submit your Application.

Please visit GM.com to see more information on our Giving Focus Areas and expected program outcomes.

LOG IN

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?](#)

Follow GM     

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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

The screenshot displays the Organization Home Screen with two main sections:

- Applications Requiring Action:** A table with columns: Action, Project Title, Application Date, Proposal Type, and Application Amount. It shows one entry: 'Continue' for 'Your Project' with a trash icon, 'Date Entered' as the application date, 'Proposal' as the type, and '\$0.00' as the amount.
- Your Submitted Application:** A table with columns: Action, Project Title, Application Date, Proposal Type, Application Amount, and Status. It shows one entry: 'View' for 'Your Project', '11/01/2016' as the date, 'Letter of Inquiry' as the type, '\$50,000.00' as the amount, and 'LOI Considered for Proposal Submission' as the status.

At the bottom of the main content area, there is a blue button labeled 'START A NEW APPLICATION' and a link labeled 'Need Support?'. A yellow arrow points from the 'START A NEW APPLICATION' button to the text 'Click here to start the new Full Proposal.' located below the screenshot.

A red box with an arrow points to the 'Applications Requiring Action' table with the text: 'Any applications requiring your attention will show up here.'

At the bottom left, there are social media icons for Twitter, Facebook, YouTube, Google+, and LinkedIn, with the text 'Follow GM' to their left. At the bottom right, there is a copyright notice: '© 2017 General Motors'.

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

Click here to start the new Full Proposal.

ABOUT YOUR ORGANIZATION



.....>

About Your Organization

The tab you are on will be highlighted blue.

* indicates required field

*** 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**

*** Zip/Postal Code**

*** Country**

*** Telephone**

Enter the organization's primary telephone number.

*** Website Address**

Enter the organization's website address.

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

There will be seven 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

*** 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.

*** Email Address**

Indicate the email address of the organization's Senior Executive.

*** 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 programs and activities.**

(1500 character maximum)

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

(1000 character maximum)

*** Number of Board of Directors**

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

*** 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

Save and Proceed

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

Please enter your information in all sections.

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

Click Save and Proceed to go to the next section.

PRIMARY CONTACT INFORMATION

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

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

State

Zip

*** 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.

Save and Proceed

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.

BANKING INFORMATION

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

- * Payee EFT Bank
- * Payee EFT Account Name
- * Payee EFT Bank Account Number
- * Payee EFT Routing Code

Save and Proceed

Edit

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

Enter the correct banking information to ensure proper payment.

ABOUT YOUR REQUEST

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

*** Program Start Date**

Enter the start date for this program.

*** Program End Date**

Enter the end date for this program.

*** Program Title**

Provide the name of your program.

*** What Focus Area does this program best align with?**

Select the appropriate program area that corresponds to this request.

*** Program Overview**

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

*** Program 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)

*** Requested Cash Amount**

The selected Focus Area will provide the Social Indicator (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 one of its kind. However, if we don't have the correct information, we won't be able to provide support to your initiative.

ABOUT YOUR REQUEST – cont'd

* Total Program Cost

Indicate the total amount that is budgeted for this program.

* Organization's Annual Operating Budget

What is the annual budget (in US dollars) of your organization?

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

STEM 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 the presence, achievement and persistence for underrepresented minorities in STEM fields

% # increase in students who earn a degree in STEM that matches market needs

% # increase in the supply of qualified teachers or teacher training in STEM-related subjects

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

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

(2000 character maximum)

* 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

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

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.

ABOUT YOUR REQUEST – cont'd

* What is the Communication Strategy for the Program?

Describe how the program will be communicated and promoted.

(2000 character maximum)

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

(2000 character maximum)

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

* Geographical Area Served

Select the primary location where your organization programming will be implemented. If it will be primarily implemented in Michigan, please indicate whether it is All of Michigan, Southeast Michigan or Detroit.

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

* Donation of Non-vehicle GM Assets Details

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

(1000 character maximum)

Save and Proceed

GM employees across the United States volunteer with nonprofit organizations. The more detail you provide, the easier it will be to match employees to your program.

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.

PROJECTED IMPACT

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

Program Logic Model

We suggest you complete the logic model prior to filling out the section below. In addition, all full proposals asking more than \$25,000 are required to upload a logic model. Click the following to download the form - [Program Logic Model](#).

For an example, click [HERE](#).

Supported file types are .pdf, .xls, .doc, and .rtf.

Upload File

See the next slide for logic model instructions.

STEM EDUCATION INDICATOR:

of students with employable labor skills for careers in STEM

Program Aligned STEM Social Outcomes

Click on the social outcome or outcomes that your program activities and outputs

- 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

Provide program activities and outputs.

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

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

* How many activities?

* Program Activity #1

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

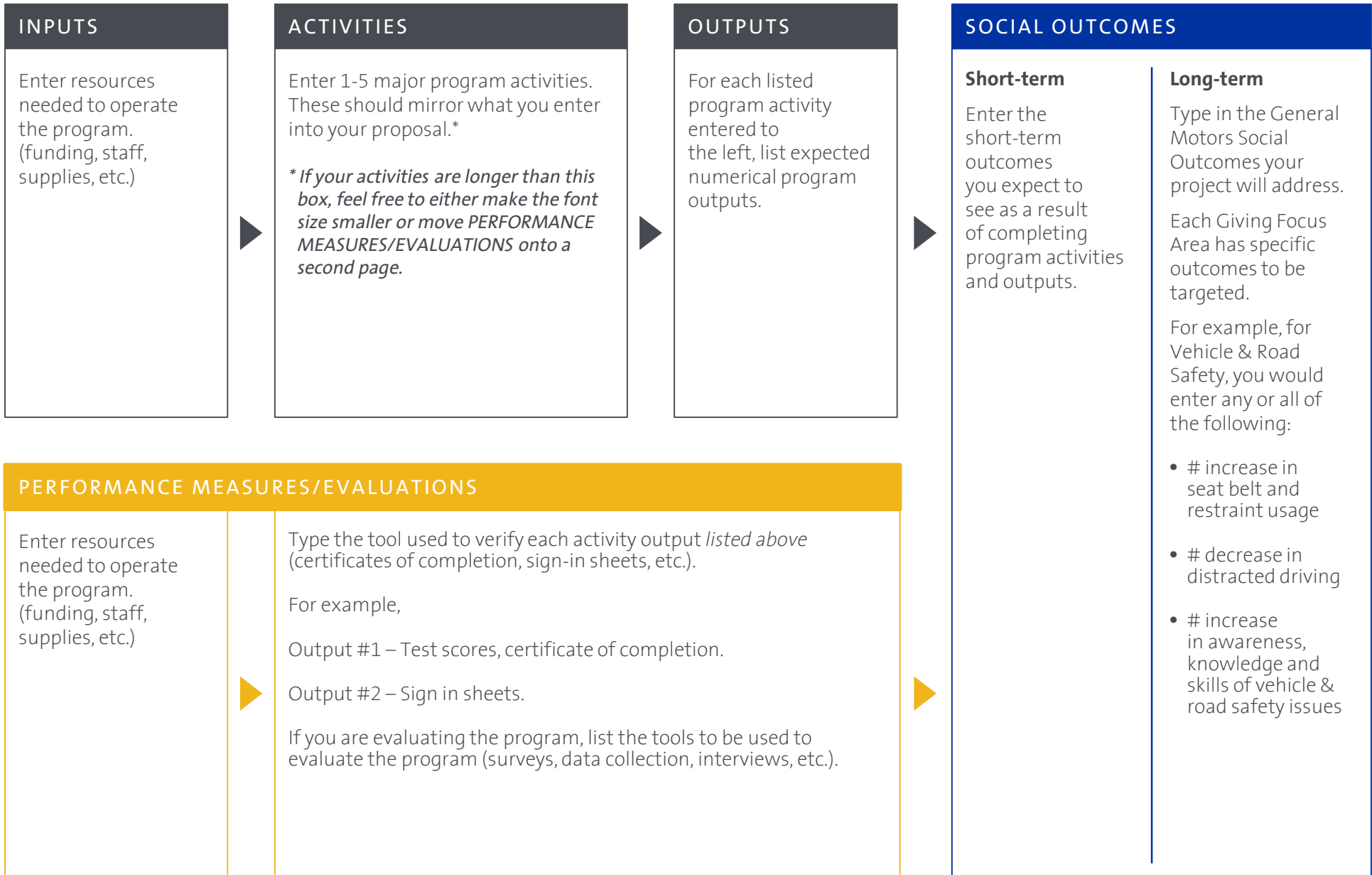
Make sure to include the activity output number in the activity description.

* Output #1

This field must be a measurable number.

This section is based on information presented in the logic model. If you complete the logic model first, the rest of the section will be easier to complete.

[Insert Organization Name]
 [Insert Program Name] Logic Model



PROJECTED IMPACT – cont'd

* Activities Narrative

Provide details on steps needed to achieve this activity.

(2000 character maximum)

Provide enough details for the grant reviewer to understand the steps needed to complete the activity.

* 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.

* What is the program 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, answer N/A.

(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 program (surveys, data collection, interviews, etc.). If you are not evaluating the effectiveness of this program, please answer N/A.

Save and Proceed

DEMOGRAPHICS

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

Provide a percentage breakdown of the diverse communities this program will support.

- % Asian
- % African American
- % Arab American
- % Hispanic
- % Native American
- % White
- % Other

* Age Group Percentage

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

- % Under 5 yrs.
- % 5-18 yrs.
- % 16-24 yrs.
- % Adults (18-63 yrs.)
- % Seniors (64 & over)
- % Other

* Population Served Percentage

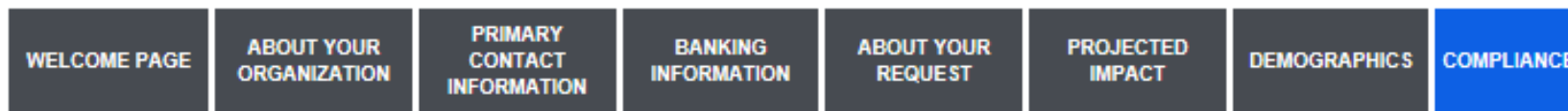
Provide a percentage breakdown of the population(s) that this program will serve.

- % People with Disabilities
- % Veterans/Military
- % LGBTQ
- % Women
- % Other
- % All

Fill out information concerning the populations your organization serves annually.

Save and Proceed

COMPLIANCE



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

The screenshot displays the 'Organization Home Screen' with the following sections:

- Applications Requiring Action:** A table with columns: Action, Project Title, Application Date, Proposal Type, and Application Amount. It lists one application: 'Your Project' with a 'Continue' action, 'Date Entered' as the application date, 'Proposal' as the type, and '\$0.00' as the amount.
- Your Submitted Application:** A table with columns: Action, Project Title, Application Date, Proposal Type, Application Amount, and Status. It lists one application: 'Your Project' with a 'View' action, '11/01/2016' as the date, 'Letter of Inquiry' as the type, '\$50,000.00' as the amount, and 'LOI Considered for Proposal Submission' as the status.
- Navigation:** A blue button labeled 'START A NEW APPLICATION' and a link labeled 'Need Support?'.
- Footer:** Social media icons for Twitter, Facebook, YouTube, Google+, and LinkedIn, followed by 'Follow GM' and '© 2017 General Motors'.

An orange arrow points from the 'View' link in the 'Your Submitted Application' table to the explanatory text on the right.

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

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

NEXT STEPS

Once your proposal is submitted, it may take up to six weeks for GM Corporate Giving to make a decision concerning your grant application.

Thank you for taking time to review this process.

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