

CHAMPAIGN COUNTY MEMORIAL FOUNDATION
P.O. Box 866, Urbana, Ohio 43078-0866 · www.champaignmemorial.org
GRANT APPLICATION

Organization Name:

Address:

City State: Zip:

Organization's Contact Person:

Title: Telephone #(s):

Email:

Amount requested: \$

NOTE: Requested amount should not exceed 50% of your organizational budget.

Funding is requested for (be very concise and specific):

Total organization budget for past year (2014): \$

Number of employees: Full-time Part-time

List the current sources of income by percentage for the first six months of 2015 and all of 2014.

- a. Business and Corporations: 2015 %; 2014 %
- b. Foundations (other than Champaign County Memorial Foundation): 2015 %; 2014 %
- c. Government: 2015 %; 2014 %
- d. Individual Contributions: 2015 %; 2014 %
- e. Churches: 2015 %; 2014 %

When did the organization begin?

Does organization have federal tax-exempt status?

If no, explain:

Is organization incorporated in the State of Ohio?

If no, explain:

1) Please state the organization's mission statement.

- 2) Please summarize the intention of your request in 50 words or less.

- 3) Briefly and specifically describe how the program will help the seniors of Champaign County.

- 4) How would requested funds be used?

- 5) What measurable outcomes do you expect to achieve with this program?

- 6) Explain how this program/organization partners with any other program or organization in Champaign County.

- 7) Give the length of time the program or project has existed.

- 8) What is your strategy for future sustainability, including funding? (If the project is new, please state the strategy for future funding.)

- 9) Please explain the extent to which volunteers are used for this program or project.

Please include eleven (11) copies of the following with your grant application.

- 1) An itemized budget for the program or project.
- 2) A Profit/Loss or balance sheet statement for your organization for the period ending June 30, 2014.
- 3) A current Strategic Plan
- 4) A list of all members of your governing body.
- 5) Three references not a member of staff or board(s) of your organization. Please provide: name, contact information, length and nature of relationship.
- 6) A copy of your organization's most recent 990 (only one copy is necessary).

Date on which this application was approved by your governing board: ____ / ____ / ____

By submitting your application, Champaign Memorial Foundation assumes that funded organizations/programs agree to:

- 1) **Submission of annual grant report due by the end of the program or twelve (12) months from date of receipt of funding.**
- 2) **Expend funds as indicated in original grant application and contact Champaign County Memorial Foundation to change the use of funds.**

Executive Director Signature

Date

Board Chair Signature

Date

For CCMF use only:

Date received: _____ Date approved: _____

Amount approved: \$ _____

Date rejected: _____ Letter sent: _____