



2017 COMMUNITY GRANT APPLICATION FORM

NOTICE TO APPLICANTS

*Send by email to wjackson@cf-cc.org or received in the Foundation office **BY NOON, MONDAY, DECEMBER 4, 2017.***

Contact Information:

Wyatt Jackson, Programs & Operations Manager
Community Foundation of Crawford County
602 West Plaza Drive, P.O. Box 153
Leavenworth, IN 47137
812-739-2616
wjackson@cf-cc.org

Standard Operating Hours: Monday through Friday, 8:30 a.m. - 4:30 p.m.
PLEASE CALL FIRST TO MAKE AN INDIVIDUAL APPOINTMENT.
Due to the nature of our work, there are times when both Wyatt and Christine are needed away from the office at the same time.



GRANT APPLICATION FORM

Legal Name (and DBA) of Charitable Organization

Focus Area of this Grant: (examples: Education, Training, Youth, Elderly, Basic Needs, etc.) _____

Organization's EIN: _____

Contact Person: _____ Title: _____
Project Director

Address: _____

City/Town: _____ Zip: _____

Township: _____

Day Phone: () _____ - _____ Night Phone: () _____ - _____

E-mail: _____

President/CEO or Executive Director: _____

Board of Directors Chairperson: _____

Amount of Funding Requested (Complete Budget Required): _____

Name of Project or Program: _____

Brief 25 word Description of Project/Program: (This is likely to be used as we promote your project or program to the community, if an award is made.) _____

Note: Incomplete applications may not be considered for funding.

**This form may be duplicated, photocopied, lengthened or scanned. This application can be requested via e-mail.*

APPLICATION DOCUMENTATION

By applying, each applicant affirms:

- Its organization's current 501(c)(3) status is verifiable through Guidestar: (<http://www.guidestar.org/>)
- Its current filing as a bona fide Business Entity with the Indiana Secretary of State is current: (<https://bsd.sos.in.gov/publicbusinesssearch>)

Upon request, each applicant will provide:

- A copy of its 501(c)(3) Award Letter
- A copy of its current filing as a bona fide Business Entity with the Indiana Secretary of State

APPLICATION MATERIALS

The following list of materials shall accompany your APPLICATION FORM. Each applicant shall submit ONE complete set only of the following:

1. List of Board of Directors, where they work and contact information along with their affiliations (*board profile*);
2. Organization's most recent Audited Financial Statements;
3. Most recent Board approved current operations budget, including budget and actual year to date comparison
4. Organization's most current balance sheet.

APPLICATION FORM

The following list of materials must accompany your APPLICATION FORM.

1. Cover Letter signed by the President or Executive Director and the Board of Director's Chairperson or Treasurer.
2. Application Form completed in full, including detailed budget for the project or program.

The APPLICATION FORM and MATERIALS must be received in the CFCC office no later than **noon, Monday, December 4, 2017**, at the physical CFCC office or by email to wjackson@cfcc.org. Those received by email will receive a confirmation of receipt by email response.

Please save the date of Thursday, February 8, 2018 at 6:00 PM for an award reception to be held at the CFCC office, 602 West Plaza Drive, P. O. Box 153, Leavenworth, IN 47137.

I. PROJECT OR PROGRAM NARRATIVE: *Provide a typed Project/Program Narrative outlining an overview of the proposed project/program and include any pertinent information not provided within the following questions. WORD LIMIT: 250*

II. ANSWER THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED OR AS AN ATTACHMENT USING THE SAME NUMBERING SEQUENCE.

1. WHAT IS/ARE THE PURPOSE(S) OF YOUR ORGANIZATION(S)? *WORD LIMIT: 250*

2. WHAT WILL THIS PROJECT OR PROGRAM ACCOMPLISH AND WHAT IS THE ANTICIPATED IMPACT? *Describe the need and the anticipated benefits in detail. WORD LIMIT: 500*

3. WHO AND HOW MANY PEOPLE WILL BENEFIT BY THIS PROPOSED PROJECT OR PROGRAM? *Be specific about the demographics of this project (e.g. population, community, age, gender affected).* **WORD LIMIT: 250**

4. WHAT IS THE TIME FRAME OF THE PROJECT OR PROGRAM FROM IMPLEMENTATION TO COMPLETION?

Date

Start of Project

Completion

5. ORGANIZATIONAL MANAGEMENT:

Who will administer this grant? (State their qualifications)

Name:

Title:

Day Telephone:

E-mail:

Qualifications:

6. FUNDING: *From what other sources have you attempted to obtain funding for this project or program? List dollar amounts requested. (Enter these funds in your proposed budget on page 7, Section 9.)*

7. **MARKETING STRATEGIES:**

We earnestly request that all successful CFCC grantees send electronic pictures to the Foundation that can be shared on Facebook, on our website, or as a part of our public reports. Some of these photos will be seen by the general public, so we are not asking you to violate anyone's privacy; but we seek to engage in cross promotional activities that increase the visibility and awareness of both organizations' purpose and programming. Staged photos (such as those using non-participants) are acceptable, as are those depicting volunteers painting or stocking shelves, actual construction photos, equipment being used, etc. Contact us if this poses a conflict for your organization. We may offer some suggestions to assist you in this process.

*Please allow the CFCC to proof print and electronic materials that refer to CFCC's funded projects and programs. One specific area of attention will be using our proper name, **Community Foundation of Crawford County.***

We would appreciate some type of posted recognition so that the public is aware of projects/programs we fund. Standard acknowledgement language for a sign or poster: [Insert your organization's name or program name here] is supported in part by the Community Foundation of Crawford County. We can email you a logo to use with this, or you can copy it from our website or Facebook page.

If you need assistance with standard acknowledgement language, don't hesitate to contact us. Contact Christine Harbeson at 812.739.2616, charbeson@cf-cc.org.

8. **EVALUATION:** *What methods will you utilize to measure the effectiveness and outcomes of your project? Provide details on separate sheet as an attachment and labeled accordingly, if more room is needed. Be specific and show examples if possible. **WORD LIMIT: 500***

9. **BUDGET:**

Provide your project or program budget in this format adapted for your project and your organization's accounting procedures.

- a. Organization's fiscal year: _____
- b. Time period this project or program covers: _____

All applicants are encouraged to seek additional sources of funding sources.

- c. Revenue: *Include the total amount from each of the following sources for this project or program and reflect committed sources of revenue, and pending sources of revenue.*

	Committed	Pending	Amount Requested from CFCC	Total
Grants/Contracts/Contributions	\$	\$		\$
Local Government	\$	\$		\$
State Government	\$	\$		\$
Federal Government	\$	\$		\$
Foundations	\$	\$	\$	\$
Corporations	\$	\$		\$
Civic Groups	\$	\$		\$
Individuals	\$	\$		\$
Other (specify)	\$	\$		\$
In-Kind Support	\$	\$		\$
Other	\$	\$		\$
Total Project Revenue	\$	\$		\$

d. Expense Budget:

	Total Project Expenses	Amount Requested from CFCC	External & In-Kind Services	Total
Personnel Services: (<i>Salaries, Wages, etc</i>)	\$	\$	\$	\$
Fringe benefits	\$	\$	\$	\$
Professional fees	\$	\$	\$	\$
Other (<i>Specify</i>)	\$	\$	\$	\$
<i>Subtotal</i>	\$	\$	\$	\$
Other Expenses:	\$	\$	\$	\$
Supplies	\$	\$	\$	\$
Equipment (<i>Include Quote with application</i>)	\$	\$	\$	\$
Printing & Copying	\$	\$	\$	\$
Telephone	\$	\$	\$	\$
Travel	\$	\$	\$	\$
Other (<i>Specify</i>)	\$	\$	\$	\$
<i>Subtotal</i>	\$	\$	\$	\$
<i>Total Project Budget</i>	\$	\$	\$	\$

e. Budget Justification: *Include a brief description of how the amounts for the expense items relate to the project and how they were calculated.*

f. Attachments: *Include copies of quotes for proposed equipment purchases or contracting services.*

Please Note: Any deviations regarding a CFCC funded program or project require prior approval from Wyatt Jackson. Call him at 812-739-2616, or email him at wjackson@cf-cc.org to discuss your request and to seek written approval to move forward.

10. ACCOUNTABILITY:

A final report is due at the conclusion (or within one year of funding, whichever comes first) of the project.

a) The report should be accompanied by a narrative report on organizational letterhead, signed by the Project Director and Chairperson of the Board of Directors. Please include what worked and what did not, how many were served and if your goals were achieved. Photographs and/or short videos are most welcome with your final reports.

b) A financial report should also be submitted with the final report. This report should be made in the same format as the budget submitted with your application for comparison purposes.

Do you agree to file these timely reports with the CFCC? YES or NO

Do you agree to allow the CFCC to use descriptive materials and photographs of your Project or Program for CFCC publicity? YES or NO

I agree to comply with all of the requirements within this document; failure to do so may jeopardize future CFCC funding opportunities. I also understand that should additional information be requested from the CFCC, regarding this funding request, I will comply within 30 days. If not, I understand that the CFCC will consider this funding request ineligible. The CFCC desires to be a community partner with organizations who apply for funding and will exhaust all reasonable solutions.

Signature: _____
Project Manager

Signature: _____
Board Chairperson or Treasurer

This Grant Application packet is due to CFCC by noon on Monday, December 4, 2017.