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Organization & Contact Info

Applicant

Legal Name of Organization*

EIN*

Project Director

First Name*

Last Name*

Street*

City / Town*

Zip*

Township*

Job Title*

Email Address*

Preferred Phone Number*

Board of Directors Chair Person*

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Project Information

Amount of Funding Request*

Complete Budget Required

Name of Project or Program*

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.)

Project or Program Narrative*

Outlining an overview of the proposed project/program and include any pertinent information not provided within the following questions

What is/are the purpose(s) of your organization?*

What will this project or program accomplish and what is the anticipated impact? *

Describe the need and the anticipated benefits in detail

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)

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What is the time frame of the project or program from implementation to completion?

Start Date*

End Date*

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Project Information

Organizational Management
Who will administer this grant? (State their qualifications)

Name*

Title*

Day Telephone Number*

Evening Telephone Number*

Email*

Qualifications*

Evaluation - What methods will you utilize to measure the effectiveness and outcomes of your project? *

Show examples if possible.

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 in the budget setion.

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Budget

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

Organization’s fiscal year*

Time period this project or program covers*

Revenue*

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

Grants, Contracts, Contributions

Select...

Committed

$0.00

Pending

$0.00

Amount Requested from CFCC

$0.00

Total

$0.00

Grants, Contracts, Contributions

Committed

$0.00

Pending

$0.00

Amount Requested from CFCC

$0.00

Total

$0.00

Other Revenue Item

If you selected "Other" in the revenue section above, please enter and explain in this box.

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Expense Budget:

Expense Budget*

Please select the items in your budget from the drop down, then enter the dollar amount associated with each budget item.

Budget Item	Total Project Expenses	Amount Requested from CFCC	External & In-Kind Services	Total
Select...				
Select...				
	$0.00	$0.00	$0.00	$0.00

Other Expense Budget Item

If you selected "Other" in the expense budget above, please enter and explain in this box.

Budget Justification*

Include a brief description of how the amounts for the expense items relate to the project and how they were calculated.

Upload copies of quotes for proposed equipment purchases, contracting services, or any other quotes associated with your grant request.

No file selected

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Required Attachments

Grant Application Cover Letter*

Cover letter must be signed by the President/Executive Director or the Board of Director's Chairperson, Vice Chairperson, Secretary or Treasurer

No file selected

List of Board of Directors*

Include positions, employer/title, county, and state of principal residence, and phone and email.

No file selected

Organization's most recent Audited Financial Statements*

Audit provided should be within the 18 months

No file selected

Organization's Current Balance Sheet*

YTD calendar or fiscal year balance sheet

No file selected

A copy of organization's 501(c)(3) Award Letter*

No file selected

A copy of or link to organization's current filing as a bona fide Business Entity with the Indiana Secretary of State*

If submitting a link, please upload a document with the link.

No file selected

A copy or link to organization's most recent 990*

If submitting a link, please upload a document with the link.

No file selected

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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 þÿbe seen by the general public, so we are not asking you to violate an þÿengage in cross promotional activities that increase the visibility an 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.

þÿPlease allow the CFCC to proof print and electronic materials that re 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 þÿwe fund. Standard acknowledgement language for a sign or poster: [I 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.

þÿIf you need assistance with standard acknowledgement language, dor

Contact Christine Harbeson at 812-365-2900, charbeson@cf-cc.org.

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Accountability

A final report is due at the conclusion of the project, within 18 months of the award date.

The report should be accompanied by a narrative report signed by the Executive 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.

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
- ☐ No

Do you agree to allow the CFCC to use descriptive materials and photographs of your Project or Program for CFCC publicity? *

- ☐ Yes
- ☐ 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.

I certify to the best of my knowledge that:

1. The tax-exempt status of this Organization is still in effect

2. This Organization does not support or engage in any terrorist activity.

3. The proceeds of this grant will not be distributed to or used to benefit any organization or individual supporting or engaging in terrorism, or used for any other unlawful purpose.

4. No protion of this grant will be used to engage in political lobbying and/or political campaign activites.

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President/Executive Director*

Date:*

President/Executive Director Printed Name*

Date:*

Board Chairperson, Vice Chairperson, Secretary or Treasurer:*

Date:*

Board Chairperson, Vice Chairperson, Secretary or Treasurer Printed Name*

Date:*

Project Manager Signature*

Date:*

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Project Manager Printed Name*

Date*