

Please fill out the form by typing in the information, then press Tab to go to the next field.
Print the form. Submit it along with 10 copies of the form and all required attachments to:
Carroll County Community Foundation, 215 W. Sycamore St., Kokomo, IN 46901.

CARROLL COUNTY COMMUNITY FOUNDATION

GRANT APPLICATION COVER

Name of Organization _____

Contact Person _____ Title _____

Address _____ Telephone _____

Email address _____

President of Governing Board _____

PROJECT TITLE _____ AMOUNT REQUESTED _____

PROJECT BEGINNING DATE: _____ PROJECT END DATE: _____

PLEASE PROVIDE A SUMMARY OF YOUR REQUEST:

*PLEASE SUBMIT **ONE ORIGINAL AND 10 COPIES** OF THE COMPLETE PACKET
SEE LIST BELOW FOR ITEMS THAT SHOULD BE IN PACKET*

FOR OFFICE USE ONLY

ACTION TAKEN:

DATE RECEIVED _____ APPROVED _____ DECLINED _____

PROPOSAL # _____ DATE _____

CATEGORY _____ GRANT REPORT _____

PROGRAM _____ CAPITAL _____ DATE _____

APPLICATION PACKET CONTAINS:

- | | |
|--|---|
| <input type="checkbox"/> 1. Grant Application Cover | <input type="checkbox"/> 6. 501 (c)(3) letter from IRS |
| <input type="checkbox"/> 2. Grant Application | <input type="checkbox"/> 7. Year-end audit or financial statement |
| <input type="checkbox"/> 3. Project Budget | <input type="checkbox"/> 8. Current month & ytd financial statement |
| <input type="checkbox"/> 4. Board list | <input type="checkbox"/> 9. When applicable, 3 estimates must be included |
| <input type="checkbox"/> 5. Evidence of Board approval | (one from a Carroll County business). |

GRANT CONDITIONS:

GRANT APPLICATION

Applicants who have met the Foundation's standards for pre-qualification (*see Grant Application Process, General Information*) are asked to submit a Letter of Inquiry briefly describing the project before submitting a proposal in order to find out if their ideas have potential to be funded by the Foundation. The following issues should be answered in the space provided (*typewritten only*):

1. **ORGANIZATION:** What is the purpose of your organization and who does it serve? What are the qualifications of the key personnel involved in this project? What evidence can you give of the ability of your organization to implement this project?

2. **NEED:** What is the need for the project in the community? Are there others working on this issue? If so, what will you do that is better or different? How will you coordinate with existing efforts?

3. **PURPOSE:** What will this project specifically accomplish?

4. **WHO:** Describe who will be served by this project. How many will be served? What is the geographic area served?

5. **EVALUATION:** How will the grant, if made, be evaluated with regard to the funds going to the agreed-upon purpose and/or the effectiveness of the program?

6. **IMPACT:** Describe the effect of this project on the organization, clients, and the community. How visible will the project be?

PROJECT BUDGET

Please describe, in as much detail as possible, the budget for your project.

Revenue - (indicate source as: potential {p}; actual {a}; and, whether in-kind {i})

Source

Amount

Expenses

Item

Cost

Please return completed application to:
Carroll County Community Foundation
215 W. Sycamore St.
Kokomo, IN 46901
(800) 964-0508
Fax (765) 868-4123
kim@cfc Carroll.org

PROJECT BUDGET

Please describe, in as much detail as possible, the budget for your project.

Revenue - (indicate source as: potential {p}; actual {a}; and, whether in-kind {i})

| <u>Source</u> | <u>Amount</u> |
|---|---------------|
| Carroll County Community Foundation Grant (p) | \$1,000 |
| Project Donations (p) | 500 |
| REMC Foundation Grant (a) | 500 |
| Facility Rental (i) | <u>250</u> |
| Total | \$2,250 |

Expenses

| <u>Item</u> | <u>Cost</u> |
|---------------------|-------------|
| Equipment (a) | \$1,000 |
| Supplies (p) | 500 |
| Marketing (p) | 500 |
| Facility Rental (i) | <u>250</u> |
| Total | \$2,250 |

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