



## Grant Application

### **Instructions:**

Please complete the following questions completely and in the space provided.

Do not attach any additional information other than that specifically requested on the back of this form.

All information must be in a typed format in **no less than an 11 point font**.

Do not staple or place in binders or other covers.

**Two** (original + 1) copies of the completed application and attachments must be submitted.

All applications not prepared according to these instructions will be returned.

Grant Cycle:      March 1 \_\_\_\_\_ June 1 \_\_\_\_\_ September 1 \_\_\_\_\_ December 1 \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Is your organization 501(c)3 tax exempt?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

Type of Request:      Equipment    \_\_\_    Seed Money    \_\_\_    Special Project    \_\_\_

Project Title: \_\_\_\_\_ Total Project Cost:    \$ \_\_\_\_\_

Amount Requested From Community Foundation of Henderson County:    \$ \_\_\_\_\_

Anticipated Project Start Date: \_\_\_\_\_ Client Group Served: \_\_\_\_\_

Project Description: Provide a concise description of the project for which funds are requested, what will the project accomplish and specifically how will the funds be used. **DO NOT EXCEED THIS SPACE.**



Describe the specific outcomes you hope to achieve, project goals and measurable objectives.

Indicate the sequence of activities needed to accomplish the project.

Describe staff/volunteer qualifications and responsibilities, staff/volunteer training, and the client selection procedures or policies. What evidence can you give of the ability of your organization to implement this project

Describe the effect of this project on the organization, clients and the community.

How will the project be monitored and the outcomes evaluated?

Other Funding Sources for this project:

Funding Source

Total Request

Amount Committed

How will this project be funded in the future?

Please list the names and phone numbers of three community leaders or organizations who endorse this project but are not directly affiliated with your organization.

The Following attachments should be included with this completed grant application form:

- ❖ A brief line item budget for this organization including expenses and income sources.(Do not exceed one page)
- ❖ Budget for proposed project including expenses and income, delineating how funds from the Community Foundation will be used. (Do not exceed one page)
- ❖ A complete list of the members of the Board of Directors and Officers including addresses, phone numbers and principle occupation
- ❖ The organization's most recent audited financial statement and the most recent monthly financial statement
- ❖ A copy of the organization's 501(c)3 ruling letter. If the organization does not have this designation then it may have an organization with a 501(c)3 as it's fiscal agent. If that is the case a signed letter by the President or Chairman of the Board of Directors of the fiscal agent stating the Board's approval of this action is required.

This application must be signed by the President or another officer of the organization's governing body.

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Signature

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Title