

## 2024 Grant Application

Before you begin:

1. You are eligible to complete this application if you have received an invitation letter and ID code following your submission of a letter of intent.
2. Your project should directly impact the lives of Cass County, Indiana residents.
3. Your project should focus on one of the following areas: **Education**, **Human Services**, and **Community Development**
4. CCCF will not consider grants for**: existing obligations, services supported by tax dollars, individuals, or travel expenses, repeat funding, on-going operating expenses, advocacy, religious purposes or affiliations, and loans or endowments.**
5. All grant applicants will be notified in writing of the status of their application. It is important to make certain the applicant organization monitors the submitted mailing address regularly for notifications.
6. The contact information provided should include the phone number(s) of an individual who will be available to attend a brief interview presentation. The presentation will last 5-10 minutes and give all applicants an opportunity to share why this project is important to our community. NO ELECTRONIC PRESENTATIONS will be allowed. Organizations may present a brief (one page) handout it if further explains their particular project.
7. Grant recipients will be invited to a “grants reception and press conference” at which time, the amount and other details of the grant will be announced. You are encouraged to have as many members of your organization in attendance at the conference as possible to accept the award.
8. If funded, your organization must submit a one-page narrative and financial report with photograph or sample of project funded, within 30 days after project completion. Failure to provide required report will affect eligibility for future CCCF funding.
9. Occasionally, grant recipients are able to complete the approved project under budget. If your organization completes your grant project and has unused grant monies remaining, you must contact the CCCF President promptly for specific instructions on approval for disbursing remaining funds.

**Submission Deadline: August 9,2024 CCCF Office – 729 E. Market St.**

**If you are mailing your application, it must be postmarked by August 9, 2024.**

**APPLICATIONS THAT ARE LATE OR INCOMPLETE**

**WILL NOT BE CONSIDERED**

Are you a 501(c)(3)? [ ]  Yes [ ]  No

If you are not a 501(c)(3), you must complete the application and submit Attachment A completed by your partnering 501(c)(3) organization (pages 12 & 13.)

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| **1. Applicant Organization Summary**  |

Grant Request Amount: Click or tap here to enter text. Tax ID Number: Click or tap here to enter text.

 (Amount requested from CCCF) This is a Federal number and not to be confused with a state sales tax certificate.

CCCF ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name of Organization** |  |
| **Address** |  |
| **City, State, Zip** |  |
| **Phone number** |  | **Date Established** |  |
| **Authorizing Official** |  | **Title** |  |
| **Number of Full-Time employees (If none, write “0”)** |  | **Number of Volunteers (Average)** |  |
| **Project Manager/ Contact Person** |  | **Title** |  |
| **Address** |  |
| **City, State Zip** |  |
| **Cell Phone** |  | **Email** |  |

**Please note: all correspondence will be sent to the person and address listed above.**

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| **2. Organization History** |

1. Please provide your organization’s “Mission Statement.”

1. If you do not have a 501(c)(3) and are partnering with a 501(c)(3) organization**,** describe the relationship below.

1. Has your organization ever received CCCF funding for past projects? [ ]  Yes [ ]  No

If yes, please list project, start date, completion date and amount of funding received for most recent five years:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Title** | **Project Start Date** | **Project Completion****Date** | **Date final report submitted to CCCF** | **Amount of Funding Received** |
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1. **GRANTS:** Please list names and amounts of grants from other sources contributing 10% or more of your **operating budget** in the past three years (if none, state "NONE").
2. **PAST ACHIEVEMENTS:** Please share major achievements or activities of your organization during the most recent five years. If partnering, please identify and share for both organizations.
3. Regarding the proposed project, how many years has this project occurred?

 (If this is a new project, use zero)

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| **3. Project Description** |

**Project Title:**

1. **PURPOSE:** Please provide a narrative describing the project. Be specific about the proposed activities.
2. **WHEN:** What is your proposed timeline? Please include a start date after September 1, 2024, and completion date, preferably within one year.
3. **MISSION:** How will your project relate to one or more of the stated interests of the Cass County Community Foundation? **Promotes Education? Enhance Humanity? Advances Community Development?**
4. **PARTNERS:** Describe how or if the community is involved in the planning of the project. Include information about other collaborative partners, if applicable.
5. **PERSONNEL:** Provide information about key personnel implementing the project. Describe if they are paid and/or volunteer staff. What are their qualifications and how were they selected?

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| **4. Outreach/Community Impact** |

1. **NEED:** What community need(s) does this project address? How? Describe who will be served by the project. How many people will be served? How will it benefit the Cass County community?
2. **VOLUNTEERS/PARTICIPANTS:** Who outside your organization may be involved in this project and how do you plan to reach them? What role do you anticipate for volunteers in this project, if any?
3. **PUBLICITY:** What marketing and promotional activities do you plan to utilize? How would you publicize your project in conjunction with the Cass County Community Foundation?

1. **EVALUATION:** How will the project be monitored, and the results evaluated? (Be specific: i.e., will you track the number of participants? Count how many man hours were involved? Purchases made?)

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| 5. Financial Information |

Please detail your **project** INCOME/EXPENSES:

* Under the heading **Income**, list all sources of funds for the project and specify whether the funds are committed or projected.
* Under the heading **Expenses,** list all expenses and their estimated amounts.
* Do not provide operating expenses in this area.

### Example Project Budget: Preschool Classroom Upgrade

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| --- | --- | --- | --- |
| **INCOME** | **AMOUNT** | **EXPENSES** | **AMOUNT** |
| Private Donations (Committed) | $2,000 | Carpet and Installation | $2000 |
| Magazine Fundraiser (Projected) | $ 500 | Tables and Chairs | $1,500 |
| Cass County CF Request | $3,000 | Cabinets | $3,000 |
| **Total Income** | **$5,500** | **Total Expenses** | **$5,500** |

**Your Project Budget**:

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| --- | --- | --- | --- |
| **INCOME** | **AMOUNT** | **EXPENSES** | **AMOUNT** |
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| **TOTAL INCOME** |  | **TOTAL EXPENSES** |  |

**IMPORTANT: Total income and Total expenses should be the same.**

1. What is the total amount you are requesting from CCCF?

##### Is there a specific part(s), if any, of the total budget is CCCF being asked to fund?

##### If this project is successful, what financial resources will be available for its continuation or maintenance?

Completed Proposals Will Include:

### 1 original and 6 copies of the completed application form

1. 1 original and 6 copies of your current annual **operating** income and expense statement (not the project budget)
2. 1 copy of your most recent financial audit or year-end financial statement

Non-501(c)(3) organizations must also submit Attachment A completed by the partnering organization.

Optional Attachments

#### A copy of the most recent annual report

#### Explanation for incomplete answers or attachments

1. Any sketches, designs or other material that will support your request.

**Important: Please write “original” at the top of all original documents as well as the single copy of your most recent financial audit.**

Authorization

To the best of my knowledge and belief, statements in this grant application are true and correct; the governing body of the applicant has duly authorized the document, and the applicant organization will comply with applicable laws, regulations, terms, and conditions in effect at the time of the grant. I understand that the Community Foundation, in evaluating this grant application, may, if it deems appropriate, review all the information submitted as part of this request with advisors of the Community Foundation’s choosing. I understand and support this proposal and commit the resources as outlined for the successful implementation of the proposed program/project. I agree that the funds requested, if granted, will be used exclusively for the purposes outlined in this proposal. Further, I attest that neither I as author of this application nor any individual from the applicant organization will unfairly benefit financially from this award. I understand that excess benefit can result in penalties from the IRS and will disqualify the applicant organization from good standing with the Cass County Community Foundation.

Please provide a signature from the Chair or another non-paid officer of the agency’s governing body:

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Signature Title

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Printed Name

If the organization has paid staff, please provide the signature of organization’s Executive Director/President.

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Signature Title

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Printed Name

**APPLICATIONS ARE DUE AUGUST 9, 2024, AT 5PM.**

**Attachment A**

**Only required if partnering with a 501(c)(3)**

 **To be filled out by 501(c)(3)**

|  |  |
| --- | --- |
| **Name of Organization** |  |
| **Address** |  |
| **City, State Zip** |  |
| **Phone Number** |  | **Alt Phone** |  |
| **Contact Person** |  | **Title** |  |
| **Email** |  | **Tax ID #** |  |

If you are the partnering 501(c)(3), please include the following information:

1. 1 original of your current board members/governing body
2. 1 original of your current annual **operating** income and expense statement (not the project budget)
3. 1 original of your 501(c)(3) tax exemption ruling from Internal Revenue Service
4. 1 original of a signed copy of the minutes or memo from a board meeting authorizing the partnership.
5. 1 copy of your most recent financial audit or year-end financial statement

**Important: Please write “original” at the top of all original documents as well as the single copy of your most recent financial audit.**

Has your organization ever received CCCF funding for past projects? [ ]  Yes [ ]  No

If yes, please list project, start date, completion date and amount of funding received for most recent five years:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Title** | **Project Start Date** | **Project Completion****Date** | **Date final report submitted to CCCF** | **Amount of Funding Received** |
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Authorization

Partnering 501(c)(3)

To the best of my knowledge and belief, statements in this grant application are true and correct; the governing body of the applicant has duly authorized the document, and the applicant organization will comply with applicable laws, regulations, terms, and conditions in effect at the time of the grant. I understand that the Community Foundation, in evaluating this grant application, may, if it deems appropriate, review all the information submitted as part of this request with advisors of the Community Foundation’s choosing. I understand and support this proposal and commit the resources as outlined for the successful implementation of the proposed program/project. I agree that the funds requested, if granted, will be used exclusively for the purposes outlined in this proposal. Further, I attest that neither I as author of this application nor any individual from the applicant organization will unfairly benefit financially from this award. I understand that excess benefit can result in penalties from the IRS and will disqualify the applicant organization from good standing with the Cass County Community Foundation.

Please provide a signature from the Chair or another non-paid officer of the agency’s governing body:

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| --- | --- | --- |
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Signature Title

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Printed Name

If the organization has paid staff, please provide the signature of organization’s Executive Director/President.

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Signature Title

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| --- |
|  |

Printed Name