

The COMMUNITY FOUNDATION of Jackson County

Contact Fmail

Grant Application

	Contact Email
Name of Organization	
Contact Person	Title
Telephone #	Address
President of Governing Board	
Project Title	Amount Requested
Brief Description of Grant Request	
We acknowledge that if approved for this g to comply with program and financial repor	rant we must enter into a Grant Agreement with the Foundation and agree rting requirements.
Signed, President of Governing Board	

Grant proposals **must** include the following items (*hard copies only*): One copy of the completed proposal form using only the space provided. One copy of all other materials returned with this proposal, as listed below:

Budget for proposed project
List of current members of governing board
Most recent financial audit or year-end financial statement
Current month and year-to-date financial statement

Copy of 501 C (3) IRS Determination Letter (If not already on file with the Foundation office.)

Please note that grant proposals from organizations or agencies that have not complied with reporting requirements may not be considered for future grants from the Foundation.

Organization: What is the purpose of your organization and whom does it serve?		
Need: What are the issues that this project will try to address?		
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Purpose: What are the anticipated outcomes of your program?		

Who: Describe who will be served by this project. How many will be served? What is the geographic area served?	
Volunteers: What role do you anticipate for volunteers in this project?	
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Coordination: Who else in your community is working on this issue? What will you do that is better or different tha existing programs? How will you coordinate with them?	n

Management: How will this project enhance or improve your organization's self-sufficiency and effectiveness?				
Other Funds: Who has given or pledged funds for your project? Where else are you seeking funds?				
Future Funds: How will this project be financed in the future?				

Competence: What ev	vidence can you give of	the ability of your o	rganization to implei	ment this project?	
Board Support: What the past twelve month	percentage of the Board ns?	d of Directors of yoเ	ır organization has n	nade a financial contr	bution during
Evaluation: How will t	he project be monitored	d and the results eva	aluated?		
Impact: Describe the	effect of this project on	the organization, cl	ents, and the comm	unity.	

Other: Is there anything else you would like us to know about this project?						

Submit 1 copy of all materials to: The Community Foundation of Jackson County

107 Community Drive

P.O. Box 1231 Seymour, IN 47274

Proposals are due in the Foundation office not later than the close of business day on July 31st. Should this date fall on a weekend, proposals are due the Monday immediately following the 31st.