

Owen-Carr Township Community Fund

A fund of the Community Foundation of Jackson County

GRANT PROPOSAL FORM

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 grant we must enter into a Grant Agreement with the Foundation and agree to comply with program and financial reporting requirements.

Signed, President of Governing Board

Grant proposals **must** include the following items (*hard copies only*):

Three copies of the completed proposal form using only the space provided.

Three copies 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?

Purpose: What are the anticipated outcomes of your program?

Who: Describe who will be served by this project. How many will be served?

Volunteers: What role do you anticipate for volunteers in this project?

Coordination: Who else in your community is working on this issue? What will you do that is better or different than existing programs? How will you coordinate with them?

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 evidence can you give of the ability of your organization to implement this project?

Evaluation: How will the project be monitored and the results evaluated?

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

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

Submit all copies and materials to :

**The Community Foundation of Jackson County
107 Community Drive
PO Box 1231
Seymour, IN 47274
812-523-4483**