

# COMMUNITY GRANT APPLICATION - 2022/2023

DEADLINE: July 06 2022 at 12:00 PM EDT (Noon)

## Organization

### Name of Organization

NAME OF ORGANIZATION \*

**MISSION AND PURPOSE OF YOUR ORGANIZATION:** Please provide an overview of your organization, target population, and key programs and activities. \*

**OPTIONAL UPLOAD OF ADDITIONAL ORGANIZATION INFORMATION:** If desired, you may upload a document to further explain the purpose of your organization. This should specifically focus on your organization. This information is NOT required.

Later in the application there will be a place to upload a document specifically describing your grant project.

Select File

Choose File

No file selected

*Maximum File Size: 10MB*

*No file attached*

## Type of Organization

Type of Organization \*

- 501(c)3 Nonprofit Organization
- Governmental unit
- School
- Church or place of worship
- Other

**If you selected "OTHER" as your organization type, you have indicated that your organization is NOT a 501(c)3, government agency, school, or church. If true, your organization MAY NOT QUALIFY to receive a grant from the Marion Community Foundation. Please call 740-387-9704 before proceeding with your application.**

Provide IRS Tax Identification Number. \*

UPLOAD IRS TAX DETERMINATION LETTER: Please upload a copy of your IRS Tax Determination Letter showing your organization is a 501(c)3 designation or equivalent. This upload is required. \*

Select File

Choose File

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Maximum File Size: 10MB

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## Information for your Organization

Mailing Street Address \*

City \*

State \*

Zip Code \*

Phone \*

Website

## Contact Information

### Executive Director or President Contact Info:

FIRST NAME: Executive Director/President Name \*

LAST NAME: Executive Director/President Name \*

Email for person above \*

Phone for person above \*

### Grant Contact

Is the Grant Contact the same contact information as person above? \*

- Yes  
 No

FIRST NAME: Grant Contact Name \*

LAST NAME: Grant Contact Name \*

Email for Grant Contact \*

Phone for Grant Contact \*

## Grant Summary & Overview

### Grant Summary & Overview

PROJECT TITLE \*

BRIEF PROJECT SUMMARY: Provide a ONE sentence description of your grant project. \*

PARAGRAPH PROJECT SUMMARY: Please provide a short description of your grant project. Be brief but as specific as possible (who, what, when, where, impact and benefit). You may copy/paste a Word document, maximum of 250 words. \*

Min words required: 0 |

Max Number of Words: 250

Choose the ONE category that best describes the area your grant program impacts. \*

- Animal Care
- Arts, History, Culture
- Children, Families,  
Seniors
- Community Development
- Education
- Food, Shelter, Support
- Health & Wellness
- Parks, Environment
- Faith-based

If applicable, choose the SECOND category that best describes the area your grant program impacts.

- Animal Care
- Arts, History, Culture
- Children, Families, Seniors
- Community Development
- Education
- Food, Shelter, Support
- Health & Wellness
- Parks, Environment
- Faith-based

## Grant Details & Plans

### Grant Details and Plans

**This section should give the Selection Committee a thorough understanding of your proposed grant project. We understand that each grant project differs; however, we ask that you provide information addressing the following areas. (You may copy/paste text from a Word document.)**

**GOALS AND OBJECTIVES:** Please list and describe the goal(s) and objective(s) of your project. Describe the measurable impact of this grant project. State the target population(s) that will benefit from this grant's goals and objectives. Be as specific as possible (ex. number served, times involved, amount of services, measured growth, dollars generated, visits made, new clients/customers). Describe, list, or outline the specific transformative goals/objectives this program will achieve within the 1 year grant period. \*

**ACTIVITIES AND TIMETABLE:** What are the specific activities of the project? Describe your overall work plan. Specify the timeline for the activities/actions planned in your grant and the anticipated completion date(s). \*

**PERSONNEL:** Who will implement the project? Are they paid staff or volunteers? Briefly, what are their qualifications? \*

**COMMUNITY IMPACT:** What community issue(s) does this grant address? Describe how this project will impact the Marion community, be specific. How will the community be measurably improved or the people be measurably changed? \*

**COLLABORATION:**

List partners that are collaborating on this project and their specific role(s).

If no collaborators, explain reasons or barriers to collaboration. \*

**EVALUATION:** Describe how progress and achievement of the goals and objectives (stated in section above) will be measured. What measurement tools or types will be used to evaluate the project? \*

**HEALTH & WELLNESS:** Because of the Marion Community Foundation's origin, we place an emphasis on community health and wellness.

If applicable, explain how your grant program impacts the health and wellness of Marion residents. If not applicable, please leave question blank.

**OPTIONAL - ANY ADDITIONAL INFORMATION:** In the text box below, provide any additional details about the grant project that you think the Grants Committee should be aware. (This question is NOT required.)

**OPTIONAL - UPLOAD GRANT DOCUMENT:** If desired, you may upload a document to further explain the grant project. We ask that this upload is specifically related to the goals and objectives of this grant project. This upload is not required.

Select File

Choose File

No file selected

Maximum File Size: 10MB

No file attached

## Grant Project Budget

### Grant Project Budget

**Budget information provided should focus specifically on the GRANT PROGRAM, not your complete organization budget. However, if the grant application impacts 100% of the organization or is for general operating support, then the grant program income/expenses are the same as your organization's income/expenses.**

Total Grant Project **INCOME** Required for this **GRANT** Program. \*

\$

Total Grant Project Income **SECURED**.

*At this time, do NOT include or assume any amount is secured from the Marion Community Foundation grant request. \**

\$

Total Grant Project Income **PENDING**.

*At this time, do NOT include or assume any amount is pending from Marion Community Foundation grant request. \**

\$



Explain and describe all income sources for the grant project.

- a) How have funds been secured? What type of fund raising or grant writing?
- b) Are the income sources one-time ongoing revenue sources?
- c) List top secured donors or sponsors. Provide a detailed status of potential income sources and/or pending amounts. \*

Total Grant Project EXPENSES Required for this **GRANT** Program. \*

\$

List and explain all anticipated expenses for the grant project.

- a) Explain how much, if any, of the grant expenses are an overlap with other program costs.
- b) Explain any unusual expense categories or high/low amounts for your grant project. \*

**AMOUNT requesting from Marion Community Foundation** 2022 - 2023 grant cycle (1 year - Oct 2022 thru Sept 2023). \*

\$

Historically, requests for grant dollars has out paced the available resources. Marion Community Foundation has not had grant dollars to fund all applications.

Tell how your organization will or will not complete the grant program if NO grant funding is awarded or b) awarded a REDUCED grant amount. \*

OPTIONAL: If the grant is an on-going initiative or needs multi-year funding, explain specifically how this project will be funded in future years. What are the plans for sustaining this initiative financially in the future? If a request is anticipated in future years, share the approximate future request amounts and for how many years.

OPTIONAL - UPLOAD ADDITIONAL BUDGET INFORMATION: If desired, you may upload an additional project budget information to further explain the funding sources. This information is not required. Attachments should focus specifically on financial information for the proposed grant program.

Select File

Choose File

No file selected

*Maximum File Size: 10MB*

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### **Board Members & Volunteers**

UPLOAD BOARD OF DIRECTOR ROSTER: Please attach your organization's board of director roster/list and roles. \*

Select File

Choose File

No file selected

*Maximum File Size: 10MB*

*No file attached*

OPTIONAL - UPLOAD KEY VOLUNTEERS LIST: If desired, you may share a list of your key volunteers and their roles.

Select File

Choose File

No file selected

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*No file attached*

### **Confirm & Electronic Signature**

## Attachments

If requested by Marion Community Foundation, I understand that our organization may be required to provide documentation such as:

- Further clarification or documentation regarding our IRS Tax Determination Letter (501(c) 3 designation or equivalent).
- Financial statements (i.e. balance sheet, operating budget, profit and loss report, IRS Form 990).
- List of staff, board members, or key volunteers.
- Other information relevant to the management of this grant.

I understand the above items do NOT need to be uploaded at this time but these examples and others may be required at a later date. \*

Agree

Do Not

Agree

## Confirmation of Terms

**PLEASE CONFIRM THE FOLLOWING:**

**PLEASE CONFIRM THE FOLLOWING:**

Your organization has a non-discrimination policy and does NOT discriminate on the basis of race, color, religion, age, gender, national origin, or disability (in accordance with applicable federal laws). \*

- Agree
- Disagree

Any funds received for this project will be used for the stated charitable purpose and in accordance with the conditions in the grant award letter, including completion of required reports by their deadlines. All unused grant funds must be reported and returned to Marion Community Foundation. The Foundation is able to cease funding if the grant program is not serving the stated goals and objectives. \*

- Yes
- No

This organization will publicize any grant received to the best of their ability, whenever possible and appropriate recognizing Marion Community Foundation as a funder. The Marion Community Foundation may also publicize this project and this grant in any manner or forum, should this proposal be funded. \*

- Yes
- No

This organization authorizes the Marion Community Foundation to share this proposal in its entirety with other potential funding sources at its discretion. \*

- Yes
- No

This organization agrees to indemnify and hold harmless the Marion Community Foundation from any liability, loss, cost, injury, damage or other expense that may be incurred by any party claims. \*

- Agree
- Do Not Agree

## **Electronic Signature**

I certify that I am an authorized representative of the charitable organization named in this application. I further certify that this application is submitted with the full knowledge and consent of the organization's Board of Directors, CEO or other governing entity.

Please type your name in the space below. \*

**Please review your application in its entirety. Once you are satisfied, please click the "Submit Application" button below to submit your application.**

**If you wish to save your work and submit it later, click the "Save and Finish Later" button.**

**Once you click the Submit button, you can view your application at any time, but you cannot edit any part of it.**