COMMUNITY GRANT APPLICATION - 2023/2024

PROGRAM DEADLINE: July 12 2023 at 12:00 PM EDT (Noon)

Organization & Contact Information

NAME OF ORGANIZATION *

MISSION AND PURPOSE OF YOUR ORGANIZATION: Provide brief overview of your organization, target population, and key programs and activities. (max 500 words) *

Min words required: 0 |

Max Number of Words: 500

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 <u>MAY NOT QUALIFY</u> to receive a grant from the Marion Community Foundation. Please call 740-387-9704 before proceeding with your application.

IRS TAX ID: Provide IRS Tax Identification Number. *

Mailing Street Address *

City *

State *

Zip Code *

Website

FIRST NAME: Name of person to receive correspondence regarding this grant. *

LAST NAME: Name of person to receive correspondence regarding this grant. *

Email for contact person listed above. *

Phone for contact person listed above. *

OPTIONAL ORG #1 - UPLOAD 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

OPTIONAL ORG #2 - UPLOAD 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

OPTIONAL ORG #3 - UPLOAD ADDITIONAL ORGANIZATION INFORMATION If desired, you may upload a document to further explain the purpose of your organization. This should <u>specifically focus on your organization</u>. This information is NOT required.
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Select File

Choose File No file selected
Maximum File Size: 10MB
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Grant Project Summary & Overview

GRANT PROJECT TITLE *

ONE SENTENCE SUMMARY: Provide a one sentence description of your grant project. *

BRIEF PROJECT SUMMARY: Provide a one paragraph, short description of your grant project. Be as specific as possible (who, what, where, when, impact and benefit). Maximum 250 words. *

Min words required: 0 |

Max Number of Words: 250

Information and answers below should give a thorough and detailed understanding of your proposed grant project.

COMMUNITY IMPACT or OUTCOMES: When completed, what **<u>long-term community change</u>** will this grant make? How will people in the Marion area be changed or the Marion area community be improved? *

MEASURABLE GOALS AND OBJECTIVES:
List and describe the **measurable goals and objectives** of your project for the next one year period. Be as specific as possible (Examples: number served, times involved, amount of services, measured growth, dollars generated, visits made, new clients/customers). State the target population that will be impacted. *

DETAILED WORK PLAN AND ACTIONS: Provide grant details for the following:
--Specific activities or actions planned for the grant.
--Timeline and anticipated completion dates for grant actions.
--Personnel that will implement the program (ex. staff, volunteers, number of people, qualifications).
--Collaboration partners and describe the roles of partners.
--Evaluation process. Describe what method will be used to measure the achievement of the goals and objectives. *

PRIMARY AREA OF IMPACT: Choose the primary 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

OPTIONAL TEXT FOR GRANT PROGRAM- ADDITIONAL INFORMATION: Provide any additional grant program details that are not included above, but important to the understanding of the grant. This question is NOT required.

OPTIONAL PROGRAM UPLOAD #1- GRANT DOCUMENT: If desired, upload a document to further explain the grant project. We ask that this upload is <u>specifically related to the goals and objectives of the grant project</u>. This upload is NOT required.

Select File

[Choose File] No file selected
Maximum File Size: 10MB
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OPTIONAL PROGRAM UPLOAD #2- GRANT DOCUMENT: If desired, upload a document to further explain the grant project. We ask that this upload is <u>specifically related to the goals and objectives of the grant project</u>. This upload is NOT required.

Select File

[Choose File] No file selected
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No file attached

OPTIONAL PROGRAM UPLOAD #3- GRANT DOCUMENT: If desired, upload a document to further explain the grant project. We ask that this upload is <u>specifically related to the goals and objectives of the grant project</u>. This upload is NOT required.

Select File

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Grant Project Budget

Budget information should focus specifically on the GRANT PROGRAM in this application, not your organization's overall operating budget.

INCOME REQUIRED: Total Grant Project INCOME Required for the **GRANT** Program in this application. The total amount of financial resources needed to conduct the grant program that is described in this application. Dollar figure should represent cash needed, do not add in-kind support to the total. *

$ [   ]

SECURED INCOME: Total Grant Project Income **SECURED**.
Secured should represent confirmed funding sources.
*D*o *NOT include or assume any amount is secured from Marion Community Foundation at this time.**

$ [   ]

PENDING INCOME: Total Grant Project Income **PENDING**.
Pending should represent requests that have actually been made to prospective funders, not planned future requests.
*Do NOT include or assume any amount is pending from Marion Community Foundation at this time.**

$ [   ]

INCOME EXPLANATION: Explanation of Income Sources:
Provide narrative for income sources so the Grants Committee may better understand what dollars are secured and what efforts have or will be taken to secure dollars. Example: How have funds been secured? Are the income sources one-time or ongoing revenue sources? List top secured donors or sponsors. List pending donors, status of pending sources, and pending amounts. *

EXPENSES TOTAL: Total project EXPENSES budgeted to conduct the GRANT program in this application. The total amount of detailed expenses that are anticipated to conduct the grant program described in this application. Expenses should represent cash needed, do not add in-kind support needed to the total. *

$

EXPENSES EXPLANATION: Explain what items, services, or other the grant request to Marion Community Foundation will pay for.
Provide narrative for budgeted expenses so the Grants Committee may better understand what dollars are needed. If applicable, explain unusually high/low expense categories. Explain, if any or how much, expenses in the grant application that overlap with other program costs. *

REQUEST AMOUNT: Amount requesting from Marion Community Foundation 2023 - 2024 Community Grants (1 year cycle - Oct 2023 thru Sept 2024). *

$

Requests have out paced the available Marion Community Foundation grant resources. Tell how your organization will or will not complete the grant program if no grant funding is awarded or awarded a reduced grant amount. *

OPTIONAL BUDGET UPLOAD #1- BUDGET DOCUMENT: If desired, upload a document to further explain the project budget. We ask that this upload is specifically related to the budget in this application. This upload is NOT required.

Select File

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OPTIONAL BUDGET UPLOAD #2- BUDGET DOCUMENT: If desired, upload a document to further explain the project budget. We ask that this upload is specifically related to the budget in this application. This upload is NOT required.

Select File

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No file attached

Confirm & Electronic Signature

Confirmation of Terms

PLEASE CONFIRM THE FOLLOWING:

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. This may include a copy of the IRS Tax Determination Letter showing your organization is a 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

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 expenese 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 or 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.