

Marion Community Foundation | 2026-2027 Community Grants

Deadline: July 31, 2026 at 11:00 AM EDT

Organization & Contact Information

Organization Information

ORGANIZATION NAME *

MISSION STATEMENT *

Max Number of Words: 100

ORG TYPE - To determine your eligibility for this grant, please select the option that best describes your organization. *

- 501(c)3 Nonprofit organization
- Place of worship, church, or faith-based organization
- Governmental or quasi-governmental entity
- School
- Other

If you select 'Other' as your organization type, please double-check your eligibility. Only 501(c)3 nonprofits and their equivalent are eligible to receive grants from Marion Community Foundation. If your organization doesn't fall into one of these categories, you may want to consider partnering with an eligible organization to apply. Please call 740-387-9704 with any questions.

EIN - Please provide your organization's IRS Tax Identification Number *

IRS - Please upload a copy of your IRS Tax Determination Letter showing your organization has a 501(c)3 designation or equivalent. *

Select File

No file selected

Maximum File Size: 10MB

No file attached

Primary Contact Information

FIRST NAME *

LAST NAME *

PHONE *

EMAIL *

MAILING ADDRESS

This should be the address to which you wish the grant check be mailed should you be awarded a grant.

CITY *

STATE *

ZIP *

Grant Proposal Information

Grant Proposal Description

TITLE - Please give your program, project, or event a clear descriptive title.

*Should you be awarded a grant, this is the title the Foundation will use on its website and other promotional materials**

SUMMARY - Imagine you're explaining your program to a community member. In just a couple of sentences, how would you describe it and its importance?

*Should you be awarded a grant, this is the description the Foundation will use on its website and other promotional materials.**

Max Number of Words: 50

REQ TYPE - Which of the following best describes the type of request you are making with this application?

*

- Capital or Equipment
- New or pilot program
- One-time program
- Ongoing program or Operating support
- Other

PRIMARY AREA OF IMPACT *

- Animal Welfare
- Arts, History, Culture
- Children, Youth & Families
- Community Development
- Developmental Disabilities
- Education
- Food, Shelter & Basic Needs
- Health & Wellness
- Parks & Environment
- Racial Equity & Justice
- Senior Citizens
- Other

Select one that best describes the primary focus of your proposed project. While projects may have cross-cutting benefits, choose the area where the most significant impact will be achieved.

Community Impact

NEED - What is the specific challenge or opportunity your project or program addresses? How have the people you serve (those with lived experience) shaped this project or identified it as a priority? *

IMPACT - What audience or target population will this project reach, and what does a successful outcome look like for the them?

*We trust your expertise in defining what "impact" means for your specific community.**

Grant Program Design

STRATEGY - Please walk us through your plan. What are the primary goals, and what key activities will your team lead to reach them? *

TIMELINE - Why is this timeline and approach realistic for your team right now?

*We recognize that plans must be flexible; we are interested in your current strategic thinking for this project or program. **

TEAM - Who are the staff, volunteers, and/or partners making this happen? How do their roles work together to ensure the project stays on track? *

OPT UPLOAD 1 - If you believe there is additional context, data, or illustrative material that would further strengthen your proposal and help us understand your project's unique aspects, you may upload one (1) optional supporting document here. This could include a diagram, detailed research findings, letters of collaboration, or other relevant materials not explicitly requested elsewhere.

Select File

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Maximum File Size: 10MB
No file attached

OPT UPLOAD 2 - If you believe there is additional context, data, or illustrative material that would further strengthen your proposal and help us understand your project's unique aspects, you may upload one (1) optional supporting document here. This could include a diagram, detailed research findings, letters of collaboration, or other relevant materials not explicitly requested elsewhere.

Select File

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Maximum File Size: 10MB
No file attached

Organizational Capacity & Leadership

EXPERIENCE - Tell us about your organization's history with this type of work. What internal strengths or past successes give you confidence in this project or program? *

LEADERSHIP - How do your staff and Board of Directors reflect the diversity of the community or the specific population you serve? If there are gaps in representation, what intentional steps is your organization taking to foster a more inclusive leadership pipeline? What unique skills or lived experiences do your project leaders bring to this work? *

Project Budget & Sustainability

TOTAL PROJECT COST *

\$

What is the total cost to support this proposed grant program or project? If ongoing program, please indicate the total cost for one year.

DOLLARS SECURED - What is the total amount of money already secured for this program from other sources?

*If zero, please note that.**

\$

GRANT REQUEST - What is the amount of money you are requesting from the Marion Community Foundation? *

\$

FUNDING LANDSCAPE - To help us understand the project's total scope, what other resources (grants, donations, or in-kind support) are you leveraging? *

BUDGET NARRATIVE - Please provide a brief narrative explaining your budget. We encourage transparency regarding your organization's true operating costs.

*Note: We encourage you to include a reasonable portion of overhead/administrative costs to ensure your organization stays healthy & resilient. **

BUDGET - Please attach a detailed budget for the proposed grant program indicating income and expenses.

As it applies, please include:

Direct Program Expenses (e.g. personnel, contractual services, equipment, supplies, travel, space rental, participant support, printing & publication, communication, technology)

Indirect Costs (e.g. rent & utilities, salaries & benefits, insurance)

Capital Expenses (e.g. major purchases or improvements)

Contingency Expenses (e.g. amount set aside for unexpected expenses)

Funding Sources (e.g. matching funds, in-kind contributions, donations, general operating budget, other grants)

*For a budget template, please reach out to Kate McCleese at the Marion Community Foundation by calling 740-387-9704. **

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FUNDING SCENARIOS - If we are unable to fund the full amount, how can we best support a modified version of this project or program?

*We want to be a helpful partner, even if we cannot provide the total request.**

SUSTAINABILITY - How do you envision this project's impact continuing or being sustained beyond the MCF grant period? *

NAVIGATING EXTERNAL CHANGES - If affected, how has your organization been impacted by recent shifts in the economic landscape (e.g., policy changes, funding trends, administrative challenges)? Please describe the nature of this impact and how your organization is adapting or planning to adapt to continue serving the Marion community effectively.

Vision & Collaboration

VISION MATCH - Marion Community Foundation's vision is a generous, educated, healthy, collaborative, and vibrant Marion. In your own words, how does this project move the needle toward that future? *

COLLAB - Describe how this project or program fosters a spirit of collaboration or innovation in Marion. Why is your organization uniquely positioned to drive the Foundation's vision forward? *

ADD INFO - Is there anything else you'd like us to know about your project or organization that wasn't captured in the previous questions?

Terms & Electronic Signature

Terms

I agree on behalf of the organization applying for this grant to the following terms:

Non-Discrimination:

I confirm that my organization has a non-discrimination policy and does not discriminate on the basis of race, color, religion, sex, national origin, age, sexual orientation, gender identity, familial status, or physical or mental disability.

Providing Information:

I understand that Marion Community Foundation may request additional information such as:

- Clarification of tax-exempt status
- Financial documents
- A list of staff, board members, or key volunteers
- Other information relevant to this grant

I agree to provide all necessary information promptly.

Use of Funds:

I understand that any grant funds received must be used for the charitable purpose described in this application and in accordance with the grant award letter.

I agree to report and return any unused grant funds to Marion Community Foundation.

I understand that the Foundation may cease funding if the program is not meeting its stated goals and objectives.

Publicity:

I agree to publicize any grant received from Marion Community Foundation, recognizing the Foundation as a funder whenever possible and appropriate.

I understand that the Foundation may also publicize this project and grant.

Sharing with Other Funders:

I authorize Marion Community Foundation to share this proposal with other potential funding sources.

Indemnification:

I agree to indemnify and hold harmless Marion Community Foundation from any liability, loss, cost, injury, damage, or other expense arising from claims related to this grant that may be incurred by any party claims.

*

Agree

Do Not

Agree

SIGN - Please review your application in its entirety. Once you are satisfied, click the "Submit Application" button below to officially 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 Application" button, you can view your application at any time, but you cannot edit any part of it.

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 or other governing entity.

ELECTRONIC SIGNATURE - Please type your name in the space below to proceed with submission of the grant application. *

