



MAKING A RIPPLE EFFECT IN OUR COMMUNITY...

Grant Application

- Any nonprofit organization that benefits and empowers the community of Lucas County is eligible to apply.
- Grant applications are accepted any time throughout the year. Selected grants are awarded the month following submission.
- SPLASH aims to meet the first Monday of every month. Applications submitted after the monthly meeting will not be reviewed until the next month's meeting.
- SPLASH will review all applications and will decide grants based on the project that best reflects our mission statement and annual goal.
- Grant applications are requested to be under \$1,000, but we may consider larger application amounts.
- There is no limit to the number of applications per organization; however, applications should represent different aspects of your organization.
- SPLASH must be recognized in publicity efforts for partially or fully funded projects.
- SPLASH will provide labels for all items purchased with grant money. Labels must be placed by the recipient and the records of equipment and corresponding label numbers must be sent to SPLASH navigator.
- If items purchased with grant funds are no longer needed, SPLASH must be notified and will make all decisions regarding the future of the items.
- Evaluations **must** be turned in within one month of purchase of items or within one month of completing project/program. Failure to complete evaluation may impact future funding.
- It is your responsibility as the grantee to submit receipts/invoices to SPLASH after purchases to receive the funding from SPLASH. You will have up to six months after grant approval to request the funds.

Procedure

1. Fill out the attached grant form.
2. On a separate sheet of paper, answer the questions at the bottom of the application.
3. Attach a copy of your organization's nonprofit status if possible.
4. Email your applications to: **charitonsplash@gmail.com**



**MAKING A RIPPLE EFFECT IN OUR COMMUNITY
Grant Application**

Email application to:
charitonsplash@gmail.com

Name of Organization or School:

Address:

Contact Person:

Phone:

E-Mail Address:

Amount Requested:

Please provide or explain the following:

1. The purpose of the project
2. The number and age group that this project will affect
3. An itemized breakdown of the use of funds
4. A timeline and budget of the project

Three signatures are required

Applicant

Administrator or Board President

Youth Signature