***OTTAWA COUNTY COMMUNITY FOUNDATION***

**JACK AND JUDY SCHILLER DYSLEXIA FUND**

Provides support to projects and services that support dyslexia awareness that will lead to identification and remediation efforts benefitting students in Ottawa County, Ohio.

**GUIDELINES FOR GRANT SEEKERS**

The Ottawa County Community Foundation, Inc. (OCCF) is a public charitable organization created by the citizens of the county to enrich the quality of life for individuals and families in Ottawa County. The mission of the Jack and Judy Schiller Dyslexia Fund is to fulfill the wishes of its founders by awarding grants for programs in the field of dyslexia that will benefit students in Ottawa County.

**Eligibility**

The Jack and Judy Schiller Dyslexia Fund prioritizes programs that will lead to identification and remediation efforts benefitting students with dyslexia. Grants are provided for programming, tutoring, training, and materials. Grants are typically awarded for a one-year project period. Grants are awarded only to nonprofit, charitable organizations which have been designated as having tax-exempt status under section 501(c)(3) of the Internal Revenue Service code.

**Restrictions**

The Foundation will not make grants from this fund to:

* Support the general operating budget of established organizations
* Annual or capital campaigns
* Tickets for benefits and telephone solicitations
* Support sectarian activities of religious organizations

**Grant Application Process**

The Foundation considers grant requests throughout the year on an as-needed basis. Proposals may be submitted using the application form which is available on the Foundation’s website at [www.ottawaccf.org](http://www.ottawaccf.org). All grant applications are reviewed by the Grants Committee and approved by the Board of Trustees. Incomplete applications will not be considered. Applicants are notified of the approval or denial of funding requests. Project expenses incurred by an applicant organization prior to notification cannot be paid by the Foundation.

**Questions? Please contact us!**

Jan Preston, President (419.297.7838) or Mary Coffee, Grants Chair (419.341.7400)

email: [info@ottawaccf.org](mailto:info@ottawaccf.org)

website: [**www.ottawaccf.org**](http://www.ottawaccf.org/)

**SCHILLER DYSLEXIA GRANT APPLICATION**

**Grant Proposal**

**The written proposal shall be in narrative form and limited to five pages or less, including the project budget page**. (Feel free to use the following template extending the spacing between the questions to accommodate your responses.) **Please submit two copies of your grant proposal.** Do not bind the proposal (you can paper clip or staple in the upper left hand corner).The following **must** be addressed in all proposals:

1. **Purpose and need:** What are the goals and objectives of the project/program? What is the problem or need that will be addressed? Who will benefit from the project or program?
2. **Project priorities:** If we cannot fund your entire project, what are your priorities?
3. **Implementation:** Summarize your plans to implement the project/program and include a brief timeline. Who will be responsible for overseeing the program? How are they qualified to oversee the program?
4. **Evaluation:** How will you evaluate the success of your proposed program/project as related to the goals and objectives?
5. **Future support:** If this is an ongoing program/project, how will you sustain the program once OCCF funds are expended?
6. **Budget**: A one-page budget for the project/program for which OCCF funds are requested, showing:

• *projected income and expenses*

• *all sources of project/program funding (indicate requested or received)*

• *the period (start/end dates) for which OCCF funds are being requested*

**Required Attachments**

**Two (2) copies of each of the following attachments must be included with all proposals.**

**Attachment 1**: Completed “Application Summary Form.”

**Attachment 2:** Names and affiliations of your organization’s board.

**Attachment 3**: A brief background/history of your organization, including when the organization was established, its mission/purpose, major accomplishments, current programs and services, and any previous funding from the OCCF.

**Attachment 4**: Organization’s operating budget showing income/expenses for current fiscal year.

**Attachment 5:** Organization’s or fiduciary agent’s tax-exempt determination letter of non-profit status from the Internal Revenue Service. (Certification from Ohio Secretary of State or IRS Employment Identification Number is not acceptable.)

**Send 2 copies of the grant proposal and 2 copies of all required attachments to:**

**Ottawa County Community Foundation, Inc.**

**P.O. Box 36, Port Clinton Ohio 43452**

**Grant Number \_\_\_\_\_\_\_\_**

(OCCF will assign a number for this blank.)

***OTTAWA COUNTY COMMUNITY FOUNDATION***

**APPLICATION SUMMARY FORM**

ORGANIZATION NAME:

ORGANIZATION ADDRESS:

FEDERAL TAX ID #: (xx-xxxxxxx)

PROJECT TITLE:

AMOUNT REQUESTED: TOTAL PROJECT BUDGET:

BRIEF DESCRIPTION OF YOUR PROJECT INCLUDING PROPOSED USE OF FOUNDATION FUNDS:

ORGANIZATION’S CURRENT OPERATING BUDGET:

ORGANIZATION’S SOURCES OF FUNDING:

AUDIT AVAILABLE: YES NO - If no, please explain.

IRS TAX-EXEMPT DETERMINATION LETTER OF NON-PROFIT STATUS INCLUDED IN YOUR APPLICATION: YES NO – If no, refer to Eligibility section in Grant Guidelines

GRANT CONTACT PERSON and TITLE:

ADDRESS:

PHONE NUMBER: EMAIL:

DATE OF APPLICATION:

DO NOT CHANGE THIS FORM—ONE PAGE ONLY