

CHAMPAIGN COUNTY MEMORIAL FOUNDATION

----- GRANT APPLICATION -----

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Organization's Contact Person: _____

Title: _____ Telephone: _____

Email: _____

Amount requested: \$ _____ to program resources.

NOTE: Requested amount may not exceed 50% of your organizational budget.

Is requested for: _____

Total organizational budget for past year: \$ _____

List the sources of income by percentage:

→ Fiscal Years →	TWO YEARS AGO	LAST YEAR
a. Business and Corporations -	_____ %	_____ %
b. Foundations (other than CCMF):	_____ %	_____ %
c. Government:	_____ %	_____ %
d. Individual Contributions:	_____ %	_____ %
e. Churches:	_____ %	_____ %

When did the organization begin? _____

Number of employees: Full-time _____ Part-time _____

Does organization have federal tax-exempt status? _____ Yes _____ No – If no, explain:

Is organization incorporated in the State of Ohio? _____ YES _____ NO

1. Please state the organization's mission statement:

2. Please summarize the intention of your proposed grant in 50 words or less.

3. Briefly describe how the program for which the grant is requested will intentionally help the seniors of Champaign County:

4. Specifically, how would requested funds be used?

5. What measurable outcomes do you propose will be achieved by this program?

6. Does this program/organization partner with any other program or organization in Champaign County?
 Yes No If YES, please explain.

7. Give the length of time the program or project for which funds are requested has existed.
 Years Months

8. If new, what is your strategy for future sustainability, including funding, of this project? (If the project is new, please state the strategy for future funding.)

9. Explain the extent to which volunteers are used for this program/project.

Please include the following with your grant application:

- 1) An itemized budget for the program or project.
- 2) A Profit/Loss or balance sheet statement for your organization for last tax period
- 3) A current Strategic Plan for the organization
- 4) A list of all members of your governing body.
- 5) Three references not a member of staff or board(s) of your organization. Please provide name and contact information.
- 6) A copy of your organization's most recent 990 (only one copy is necessary)

Date on which this application was approved by your governing board: _____

IMPORTANT: By signing below and submitting your application, Champaign County Memorial Foundation assumes that funded organizations/programs agree to:

- 1) Submission of an annual report on grant funding due by the end of the program or twelve (12) months from date of receipt of funding.**
- 2) Expend funds as indicated in original grant application or as agreed upon with written approval of the Champaign County Memorial Foundation for any change in the use of funds granted.**

Executive Director Signature

Date

Board Chair Signature

Date