APPLICATION FOR COMMUNITY GRANT

ORGANIZATION CONTACT INFORMATION

Name of Organization: _____

Who should we contact regarding this grant application? _____

Title/Position: _____

E-mail: _____ Phone number, with area code: _____

Organization's mailing address: _____

Organization's website: _____

Organization's leader and title: _____

- o CEO
- o Executive Director
- o Board President
- o Superintendent/Principal/President
- o Other

If 'Other' please specify: _____

Leader's E-mail: _____

Leader's phone number: _____

ORGANIZATION INFORMATION

Type of organization

- o Nonprofit organization designated by the IRA as a 501©3
- o Organization operating under fiscal sponsorship of a 501©3
- o Municipal, county, state or federal government agency/entity
- o Public school or college/university
- o Church, synagogue, mosque or other place of worship
- o Other

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Connecting People Who Care with Causes that Matter.
116 W. Lafayette Street, Ottawa, IL 61350   815.252.2906   www.srccf.org   info@srccf.org

If you selected "Other", your nomination may not be eligible to receive a grant from the SRCCF. Please call (815) 252-2906 before proceeding with your application.

Organization EIN: _ _ - _ _ _ _ _ _ _ Please attach your IRS Letter of Tax-Exempt Status.

NOTE: This is a different document than the State of Illinois tax-exempt letter, which is not proof of a 501©3 status. If, due to the nature of your organization, you do not have an IRS Letter of Determination, attach a statement that your organization fits into one of the classifications listed above.

Amount requested from the SRCCF Community Grant Fund: $ _____

Total Program Budget $_____

In what geographic location(s) will the funds be used? _____

Organization Background

Please provide a summary of the organization's history.

_____
_____
_____
_____

Describe the organization's mission, major programs and accomplishments:

_____
_____
_____
_____
_____

Please attach a list of the organization's current board officers and directors, including phone numbers and/or e-mails.

Proposal

Name of Program or Project: _____

Provide a brief summary:

_____
_____
_____
_____

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What is the primary goal of the project/proposal?

_____

_____

How does this program fit the mission of the organization it will support?

_____

_____

_____

_____

Provide a specific description of the target population. :

_____

_____

_____

How many people do you expect to benefit from the grant dollars? _____

When are the funds needed? _____

Vendors to be used: _____

_____

Financial

Funding Resources

If this is an existing program, how long have you received funding, from whom, and in what amount? (Enter N/A if this is not an existing program.) Funding sources can include line items in your organization's budget.

_____

_____

Have you applied for other grants to support this program? If so, to who have you applied, in what amount, and when is a decision expected?

_____

_____

Aside from grants, are there other anticipated sources of support for this program such as in-kind gifts, special events or fundraisers? If yes, please describe.

_____

_____

_____

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BUDGET

Please attach the budget for this program **ONLY**, not for the entire supporting organization.
NOTE: income and expenses must balance.

What is the long-term goal of the program/project?

_____

_____

_____

_____

_____

A goal is a long-term aim you wish to accomplish which may or may not be achieved within a short period of time. The goal answers the question, "What would we like to see happen as a result of this new initiative*?"* Example: All elementary school students requiring speech-assistive devices will have one by the end of the school year.

OBJECTIVES

Identify two objectives that will move you toward the stated goal of your program. They are characterized by the acronym SMART (specific, measurable, achievable, relevant and time-bound). Example: 90% of students using assistive speech devices will have mastered the technology of the device.

State OBJECTIVE #1 _____

List proposed activities that will support Objective 1. List both planning and direct service activities.

_____

_____

How will you determine if Objective 1 has been achieved?

_____

_____

_____

Describe the specific measurements you will use such as pre- and post-program questionnaires, schedules or tests, reports from teachers/parents, interviews, etc.

_____

_____

_____

State OBJECTIVE #2 _____

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List proposed activities that will support Objective 2:

_____

_____

_____

How will you determine if Objective 2 has been achieved?

_____

_____

_____

Describe the specific measurements you will use such as pre- and post-program questionnaires, schedules or tests, reports from teachers/parents, interviews, etc.

_____

_____

_____

RATIONALE AND SUSTAINABILITY

This is

- o   An existing program
- o   A new program for our organization that has been used elsewhere
- o   A pilot program

If this is an existing program, discuss your progress toward the stated goal. Why is it important to continue the program? (Enter N/A if this question is not applicable.)

_____

_____

_____

_____

If this is a new program at your organization that has been used elsewhere, why did you choose this program? Why do you believe that the program can be conducted successfully at your organization? (Enter N/A if this question is not applicable.)

_____

_____

If this is a pilot program that has not been done elsewhere, list your assumptions and/or research as to why this new approach is likely to lead to the stated goal. (Enter N/A if this question is not applicable.)

_____

_____

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_____

_____

What other organizations have similar programs? How is your program different?

_____

_____

_____

_____

Sustainability

Will the program be ongoing or offered only one time? If the former, what are the plans for sustaining this program financially in the future?

_____

_____

_____

_____

Is this program a collaboration with another organization? If so, describe the other organization.

_____

_____

If not a collaboration, did you explore possible partnerships for this program? If no, why not? If yes, what factors influenced your organization's decision not to pursue them? (Enter N/A if this question is not applicable.)

_____

_____

_____

HOW DID YOU LEARN ABOUT THIS GRANT OPPORTUNITY?

_____

_____

_____

WARRANTY

Your organization or the supporting organization does not discriminate on the basis of race, color, religion, age, gender identification, national origin, sexual orientation or disability (in accordance with applicable State of Illinois and Federal laws).

TRUE   FALSE

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Any funds received for this program will be used for the stated charitable purpose outlined in this application and in accordance with the terms and conditions stipulated in the Grant Agreement I will receive, including submission of required reports by their due dates.

- o Yes
- o No

Should this program not be funded now, my organization authorizes the Starved Rock Country Community Foundation to share this proposal in its entirety with other funding sources at its discretion. NOTE: A 'no' response is permissible.

- o Yes
- o No

By signing my name in the space below, I affirm that I am an authorized representative of the charitable organization named in this application. I further affirm that this application is submitted with the full knowledge and consent of the organization's leader listed in the Contact Information section of this application.

APPLICANT SIGNATURE _____ **DATE** _____

RECEIVED SRCCF: **Date:** _____ **By:** _____

COMMITTEE REVIEW: **Date:** _____

APPROVED: _____ **DENIED** _____

SRCCF BOARD APPROVAL FOR PAYMENT: _____

PAYMENT RELEASED: _____ **RECEIPT RECEIVED**_____

FINAL REPORT DUE _____ **REPORT RECEIVED** _____

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