



Jennings County Community Foundation
111 East Main Street Phone (812)346-5553
North Vernon, IN 47265 email: jccf@jenningsfoundation.net

Unrestricted Competitive Grant Application

Organization: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ email: _____

Director: _____ Contact Person: _____

PROJECT TITLE: _____

Amount Requested: \$ _____ Total Project Cost: _____

I. GENERAL ORGANIZATIONAL INFORMATION:

A. Submittal Information: Please submit the following general information with your application
ONE COPY OF:

- _____ Your 501c(3) documentation is required, and will be kept on file at the JCCF office. (if not already submitted earlier)
- _____ Your organization's most recent financial statement (detailed)
- _____ Most recent audit
- _____ Most recent Annual Report, if available
- _____ List of your Board of Directors, their phone numbers and principal occupations.
- _____ Fiscal Agent, where applicable

Project Request : Please submit one (1) copies of the following project information responses, project financial information, and grant application certification signature page. (Sections II, III, and IV ~Pages 2, 3, and 4 Below~)

Completed Application Forms may be submitted to the Foundation on an ongoing basis, but typically will be acted upon in the Spring or Fall Cycle of grantmaking. All Spring and Fall Cycle Applications must be received by 4:00 p.m. of the date due, which will be published for each cycle in the newspaper and other media.

II. PROJECT INFORMATION

A. **Project Summary:**

A concise summary (two or three paragraphs) of the proposed project.

State the community need being addressed by the project and why organization is qualified to address the need.

Describe how the proposed project will further the organization's over-all mission.

B. **Funding: Summarize**

Amount being requested from the Foundation.

How funds from the Foundation will be used.

Additional resources for funding, if available.

What percentage of your board supports your organization financially?

C. **Implementation:** (Who, When, Where?)

How will the project be implemented?

Whom will it serve and benefit?

What information have you collected and/or analyzed to determine the need and importance of this project to your community?

Who will work on this project? What are their qualifications? (Include names of volunteers and paid staff)

What are the expected outcomes and accomplishments? How will this project add value to your community?

What provisions exist for continuing the project beyond this grant?

D. **Timetable:**

Chart significant dates of implementation and project schedule.

E. **Evaluation:** Summarize:

What has been your success with similar projects?

How do you plan to evaluate this project?

How will you measure its success and impact?

What tools will be used to evaluate the project?

F. **Are you affiliated with any sectarian or religious group?**

_____ Yes _____ No

If Yes, name: _____

G. **Please list the names and amounts from other sources contributing 10% or more of your total budget in the past 2 years.**

_____	_____
_____	_____
_____	_____
_____	_____

H. **Project Period:** from _____ to _____

PROJECT NAME: _____ ORGANIZATION: _____

III. PROJECT FINANCIAL INFORMATION:

Insert this worksheet in the funding section of your proposal. Your project budget should reflect all expenses and funding sources for the project. Please attach any documentation you feel relevant to this proposed budget.

List Project Expenses: (description and amount)

TOTAL \$ _____

List Project Funding Sources: (source and amount)

TOTAL \$ _____

Please list any additional information that you believe the Community Foundation should know that is not covered above.

IV. GRANT APPLICATION CERTIFICATION:

Grant applicant hereby certifies that the organization does not discriminate on the basis of race, national origin, religion, gender, gender preference, age or disability, (“non-discrimination factors” in its policies, practices, programs, services, or standards for participation in its programs, except to the extent any such program lawfully provides services to a limited segment of the population based on any such non-discrimination factor.

It is expressly understood and agreed that Jennings County Community Foundation is not a joint participant in, nor provider of, any of the Grant Applicant’s programs or services. Jennings County Community Foundation’s role in Grant Applicant’s programs and services is limited solely to making grants and assuring due diligence, that grants are administered in accordance with the terms of the approved application. The Grant Applicant represents and warrants that it will use all granted funds in accordance with applicable laws. Grant Applicant agrees to indemnify, and hold Jennings County Community Foundation harmless from any liability imposed on Jennings County Community Foundation based on any conduct or omission occurring in connection with a program or service of Grant Applicant for which Jennings County Community Foundation has provided a grant.

Grant Applicant certifies that to the best of my knowledge and belief, statements in this grant application are true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant organization will comply with applicable laws, regulations, terms and conditions in effect at the time of the grant.

I understand that the Community Foundation, in evaluating this grant application, may, if it deems appropriate, review any and all of the information submitted as part of this request with advisors of the Foundation's choosing.

***This application must be signed by the Chair or another non-paid officer of the agency's governing body.**

Signature

Title

Print Name

***Name of program director or person from whom further information may be obtained:**

Name

Title

Telephone

FOR OFFICE USE ONLY

Date Received: _____ Proposal # _____

Telephone Contact: _____

Acknowledgment sent: _____ Category _____

Action Taken: Approved _____ Declined _____

Category: _____ Community Service _____ Social Service _____ Education _____ Health
_____ Environment _____ The Arts

DISTRIBUTION INFORMATION:

Amount approved: \$ _____

Fund: _____

Distribution Schedule: Date: _____
Date: _____
Date: _____
Date: _____

Amount: _____
Amount: _____
Amount: _____
Amount: _____

Approval Letter date: _____ Decline Letter date: _____

Evaluation due dates: _____

Final Report Completion Date: Due: _____ Completed: _____