

Please fill out the form by typing in the information, then press tab to go to the next field. Print the form. Submit the original along with 20 copies of the form and all required attachments to:  
Community Foundation of Howard County, Inc.  
215 W. Sycamore St., Kokomo, IN 46901

**THE COMMUNITY FOUNDATION OF HOWARD COUNTY, INC.  
GRANT APPLICATION COVER**

Name of Organization \_\_\_\_\_

Employer Identification Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail: \_\_\_\_\_ President of Governing Board \_\_\_\_\_

PROJECT TITLE \_\_\_\_\_ AMOUNT REQUESTED \_\_\_\_\_

PROJECT BEG. DATE \_\_\_\_\_ PROJECT END. DATE \_\_\_\_\_

PLEASE PROVIDE A SUMMARY OF YOUR REQUEST:

*Please submit **one original and 20 copies (stapled, no clips)** of the complete packet. See list below for items that should be in packet. (Do not submit applications in binders.) Required financial information should be submitted with the original application -- it does not need to be included in the application copies.*

**FOR OFFICE USE ONLY**

**ACTION TAKEN:**

DATE RECEIVED \_\_\_\_\_

APPROVED \_\_\_\_\_ DECLINED \_\_\_\_\_

PROPOSAL # \_\_\_\_\_

DATE \_\_\_\_\_

CATEGORY \_\_\_\_\_

GRANT REPORT \_\_\_\_\_

PROGRAM \_\_\_\_\_ CAPITAL \_\_\_\_\_

DATE \_\_\_\_\_

**APPLICATION PACKET CONTAINS:**

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Grant Application Cover  | <input type="checkbox"/> 6. Copy of audited or year-end financial statements (original packet only) |
| <input type="checkbox"/> 2. Grant Application  | <input type="checkbox"/> 7. List of Board Members   |
| <input type="checkbox"/> 3. Project Budget   | <input type="checkbox"/> 8. Evidence of Board approval  |
| <input type="checkbox"/> 4. Copy of IRS Determination 501(c) 3 letter                      |   |
| <input type="checkbox"/> 5. Current month & ytd financial statement (original packet only) |   |

**GRANT CONDITIONS:**

## GRANT APPLICATION WORKSHEET

Applicants, who have met the Foundation's standards for pre-qualification (*see Grant Application Process, General Information*) are asked to telephone or submit a Letter of Inquiry briefly describing the project before submitting a proposal in order to find out if their ideas have potential to be funded by the Foundation. In applying for grants, the following issues should be addressed (please complete on no more than two pages):

1. **ORGANIZATION:** What is the purpose of your organization and who does it serve? What are the qualifications of the key personnel involved in this project? What evidence can you give of the ability of your organization to implement this project?
2. **NEED:** What is the need for the project in the community? Are there others working on this issue? If so, what will you do that is better or different? How will you coordinate with existing efforts?
3. **PURPOSE:** What will this project specifically accomplish?
4. **WHO:** Describe who will be served by this project. How many will be served? What is the geographic area served?
5. **EVALUATION:** How will the grant, if made, be evaluated with regard to the funds going to the agreed-upon purpose and/or the effectiveness of the program?
6. **IMPACT (Measurable Outcome):** Describe the effect (measurable outcome) of this project on the organization, clients, and the community. How visible will the project be?

### **PROPOSALS WILL NOT BE CONSIDERED WITHOUT THE FOLLOWING:**

- 1. A completed GRANT APPLICATION COVER page.
- 2. A completed GRANT APPLICATION of two pages maximum, addressing questions 1-6 listed above.
- 3. A completed PROJECT BUDGET page.
- 4. Copy of IRS Determination 501 (c) 3 letter.
- 5. Current month and year-to-date financial statement. (original packet only)
- 6. Copy of audited or year-end audited financial statements. (original packet only)
- 7. List of Board Members
- 8. Evidence that this application has the approval of the Board of Directors (a copy of the minutes of the Board meeting or letter from the Board Chair of the organization).

***PLEASE SUBMIT ONE ORIGINAL AND 20 COPIES (stapled, no clips) OF THE COMPLETE PACKET. (Do not submit applications in binders.) Required financial information should be submitted with the original application -- it does not need to be included in the application copies. ITEMS TO BE INCLUDED IN PACKET ARE LISTED ABOVE.***

## PROJECT BUDGET

Please describe, in as much detail as possible, the budget for your project.

*Revenue* - (indicate source as: potential {p}; actual {a}; and, whether in-kind {i})

Source

Amount

*Expenses*

Item

Cost

*Please return completed application to:*

**The Community Foundation  
of Howard County, Inc.**

215 W. Sycamore St.

Kokomo, IN 46901

Phone# (765) 454-7298

Fax # (765) 868-4123

email: [kim@cfhoward.org](mailto:kim@cfhoward.org)

**PROJECT BUDGET**

Please describe, in as much detail as possible, the budget for your project.

*Revenue* - (indicate source as: potential {p}; actual {a}; and, whether in-kind {i})

<u>Source</u>	<u>Amount</u>
Community Foundation of Howard County Grant (p)	\$1,000
Project Donations (p)	500
Cinergy Foundation Grant (a)	500
Facility Rental (i)	<u>250</u>
Total	\$2,250

*Expenses*

<u>Item</u>	<u>Cost</u>
Speaker Fees (a)	\$1,000
Supplies (p)	500
Marketing (p)	500
Facility Rental (i)	<u>250</u>
Total	\$2,250

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