

Martin County Community Foundation

A partner in the Community Foundation Partnership, Inc.

Grant Application

Organization _____ Date _____

Address _____

Phone _____ Fax _____

Tax ID # _____ 501(c)(3) organization? Yes/No

Board Chair/President _____ E-mail _____

Project Contact _____ E-mail _____

Project Title _____

Amount Requested _____ Total Project Cost _____

Project Start Date _____ Project Completion Date _____

If project cannot be fully funded, would you consider a challenge grant? Yes/No

Attach documents that provide the following information:

Project Narrative Please provide a concise summary of the proposed project (two or three paragraphs). State the community need being addressed by the project and why the organization is qualified to address the need. State the target population and estimate the number to be served. Include the organization's experience with similar projects. Describe how the project will fit into and further the organization's overall mission.

Implementation Describe the activities or steps that you will take to carry out the project. Does your organization have the capacity to successfully undertake the project? Please include your project timeline.

Funding Summarize funding details, including how the community foundation's funds will be used, as well as other funding sources. Attach a detailed budget sheet showing projected income and expenses for the project.

Evaluation How will you evaluate the success of this project? Will this project enhance your organization's effectiveness or self-sufficiency? If you plan to continue this project, how will you finance this project in the future?

Other Information List sources contributing 10% or more of your organizational budget in the past two years (and amounts). Summarize financial support (%) from your Board. Disclose affiliations with religious groups.

Please staple or clip each grant application copy. Do not use comb binding.

This application must be signed by the organization President or another non-paid board officer, and by the project contact person.

Contact person (printed name, signature, title):

Organization officer (printed name, signature, title):

Community Foundation Partnership, Inc.

Serving the community foundations of Lawrence and Martin counties

Please submit this completed form with your grant application. Funds will be released if the grant is approved by the local community foundation's Board of Directors, and a copy of this agreement will be returned with the grant check. For questions, please contact the Community Foundation at (812) 295-1022.

TERMS OF AGREEMENT

1. Acceptance of Grant

On behalf of its member community foundation, the Martin County Community Foundation, the Community Foundation Partnership has awarded _____ a grant in the amount of _____. The funds shall be payable only to _____ and no assignment, transfer or encumbrance in favor of any other party shall be recognized.

To acknowledge this agreement, to accept the grant and receive funds, sign and return both pages of this "Terms of Agreement" to the Foundation.

2. Review of Grant Activity

The grantee agrees to furnish the Foundation with written reports according to the following schedule:

- End of Grant Report within thirty days of completion of project (provided with award check)
- Quarterly reports during the term of the grant (grants over one year in duration)

3. Publicity

The grantee is expected to obtain publicity in support of this project. The Foundation will provide assistance with publicity of a program/project if requested by the grantee. All public announcements, news features, or information regarding your project must indicate Martin County Community Foundation's role in funding. The Foundation also maintains the right to publicize this grant in publications wherever appropriate.

4. Provisions

In accepting this grant, the grantee accepts the following conditions:

- A. To use funds granted solely for the following stated purpose: _____.
- B. To repay any portion of the amount granted which is not used for the purpose of the grant or expended prior to the termination of the grant period.
- C. To maintain book and financial records adequate to verify actions related to this grant.
- D. To notify the Foundation of its inability to complete the project if the grantee determines that the original purpose as described in the proposal or this agreement cannot be fulfilled.

5. Rescissions

Grants made and approved by the Community Foundation Board of Directors may be rescinded in full or in part if, in the sole judgment of the Foundation's Board, any of the following occur:

- A. Grantee does not fulfill the obligations required in the Terms of Agreement.
- B. The Grantee organization loses its tax-exempt status and/or ceases to exist within the duration of the grant period.
- C. The project ceases to be viable.

The Board of Directors must approve all rescissions. The grantee organization will be notified in writing that the grant has been rescinded and, where applicable, a copy of the notification will be sent to the fund advisor of the Donor-Advised Fund. If the grant was paid prior to the rescission, the grantee organization will be required to return any funds that were not expended for the stated grant purpose. If the organization does not repay the funds within a reasonable time period and following due process, the Foundation may seek legal recourse.

GRANTEE:

Name of Organization:

Project Name:

Check Payable to:

Address:

Project Contact/Director Address (if different):

Date program/project is scheduled to begin:

Date program/project concludes:

Signature of Authorized Board Representative

Date

Signature of Project Contact/Director

Date

Approved / *denied by the Martin County Community Foundation Board of Directors on*

_____.

Grant Amount Approved:

Grant Cycle:

CFP Authorization