



COMMUNITY FOUNDATION OF MOUNT VERNON & KNOX COUNTY MAJOR GRANT APPLICATION

1. Before completing this application be sure you have carefully read the Foundation's *Guidelines for Grantmaking*, which may be downloaded from the "Grants & Scholarships" section of our website: www.mvkcfoundation.org, or can be provided in printed form upon request. If you have any questions regarding your eligibility for funding, or about the application process, please contact Community Foundation Program Manager Lisa Lloyd at lisalloyd@mvkcfoundation.org or 740-326-4297.
2. Please do not exceed the space provided for each response or otherwise cause the application to exceed four pages in length. Please print out and mail, or hand-deliver, one copy of your completed application and any attachments to the address below. Please be sure all required information and attachments are submitted. **Incomplete or handwritten applications will be returned.**
3. Major Grant (more than \$5,000) applicants are required to provide 4-5 documents, and have the option to submit two additional items, all of which are described in the Section 4 checklist. More documents may be requested as needed.
4. A brief interview with the Distribution Committee to discuss your grant proposal following submission is typically required for first time applicants and grant requests over \$20,000 and is highly recommended for returning applicants. The Program Manager will contact you to set up a date/time upon receipt of your application. Occasionally, the Program Manager may request a site visit to get a better understanding of both the project and the organization submitting the request.
5. If the grant is approved, your organization is responsible for submitting a report within six(6) months of receiving grant funds detailing how and when the grant was used. You can find the *Grant Follow-up Report* on our website as a fillable PDF form. *Timely completion of this report is required to remain eligible for future Community Foundation grant consideration.*

**RETURN APPLICATION AND ATTACHMENTS TO: LISA LLOYD, PROGRAM MANAGER
PO BOX 309 • ONE SOUTH MAIN STREET, 3rd FLOOR • MOUNT VERNON, OH 43050
PHONE: 740-326-4297 • E-MAIL: LISALLOYD@MVKCFFOUNDATION.ORG**

SECTION 1: ORGANIZATION INFORMATION

Organization Name:		Date:	
Tax Identification No.:			
Street Address/P.O. Box:			
City:		State:	Zip:
Phone:	Fax:	Email:	
Project Title:			Grant Amount Requested:
Contact Person for Grant:		Phone:	
Organization CEO:		Phone:	
Are you a 501(c)3 organization under the IRS Code, or otherwise eligible to receive tax-deductible charitable gifts? Yes No			

SECTION 1: ORGANIZATION INFORMATION (CONTINUED)

Briefly describe your organization's history, mission, demographic and geographic focuses, and the programs or services you offer to the community:

SECTION 2: PROJECT DESCRIPTION

Briefly describe the project for which you are seeking Community Foundation funding:

SECTION 2: PROJECT DESCRIPTION (CONTINUED)

What is the problem, challenge or need addressed by the project?

Describe the goals and objectives and the strategies envisioned to achieve them:

Who will benefit directly from the project (e.g. target demographics or geographic areas)? How many Knox County residents will benefit from the project?

What research, statistics, or evidence substantiates the stated need?

What is the method of evaluating the project's success/effectiveness? How will you know if your project is successful or effective?

How many hours will it take to complete this project? Of those hours, how many will be completed by volunteers and how many will be completed by paid staff?

Please provide a brief timeline for completion of the project.

Are any other organizations or agencies collaborating with you on this project? If so, please explain the relationship of each.

SECTION 3: PROJECT BUDGET

Total Project Budget:	Grant Amount Requested:	Date Funds Needed:
Please detail all additional funding sources for this project.		
If this is a continuing project, state the sources of funding for sustainability in future years:		
This project may receive partial funding and/or require the funds to be used as a matching grant. If so, what is your plan to move forward with the project should full funding not be granted?		

TOTAL PROJECT BUDGET & REQUESTED GRANT AMOUNTS FROM THE FOUNDATION

	Total Budget	Grant Request		Total Budget	Grant Request
Consultant/ Professional Services			Transportation, food & lodging		
Construction Contracts			Advertising & promotions		
Equipment/Capital (please list):			Supplies (please list):		
Printing and Copying			Miscellaneous materials		
Insurance (specific to project)			Other (Itemize Below)		
Training			PROJECT TOTAL		
Itemize "Other" Expenses:					

SECTION 4: ATTACHMENTS

Please check each item you included with this application.

- Most recent fiscal years (2 years) financial reports and current annual budget. (Required)
- List of officers and board members, including contact addresses & phone numbers (Required)
- Explanation of plans to inform the community about your project, and to recognize contributors. (Required)
- IRS Exemption Determination Letter of applying organization (Required)
- Copies of quotes or cost estimates (Required for Capital Projects)
- Descriptive brochure of your organization, case statement, or other supporting materials. (Optional)
- A letter of recommendation from an individual not affiliated with your organization. (Optional)

The undersigned have read the "Guidelines to Grantmaking" and attest all information is accurate to the best of their knowledge; and agree to complete the "Grant Follow-up Report" within six months, if awarded a grant.

Applicant	Date	Organization CEO (if different)	Date
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