

COMMUNITY FOUNDATION OF MOUNT VERNON & KNOX COUNTY SMALL 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 the Foundation's 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 three 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. Small Grant (\$5,000 or less) applicants are required to submit their (or their fiscal agent's) IRS Exemption Determination letter and have the option of attaching two sheets of supporting documents, such as quotes for the project, letters of recommendation, brochures, diagrams, etc. More documents may be requested as needed.
4. If the grant is approved, your organization is responsible for submitting a report within six(6) months detailing how and when the grant was used. You can find the *Grant Follow-up Report* on our website as a fillable PDF. *Timely completion of this report is required to remain eligible for future 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:	
Street Address/P.O. Box:		Tax Identification No.:	
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			
If "No," what qualifying 501(c)3 organization will serve as fiscal agent for this project?			
Briefly describe your organization's history, mission and programs:			

SECTION 2: PROJECT DESCRIPTION

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

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

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 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?

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.		
For continuing projects, 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: SUPPORTING DOCUMENTS

IRS Exemption Determination Letter of applying organization. (Required)

Letter from fiscal agent describing the relationship between your entities and indicating willingness to administer the grant, if awarded. (Required only if using a fiscal agent)

List any other supporting documents you are attaching to this application (e.g. brochures, price quotes, letters of support):

Document 1: _____

Document 2: _____

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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