



## COMMUNITY GRANT APPLICATION

Please read the Community Grant Guidelines before completing. This application is only for requests exceeding \$1,000.

**There is no application deadline, apply at any time.  
Please allow 45 days for review and notification.**

### **Applicant Information**

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

Federal ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

### **Type of Organization**

\_\_\_\_\_ 501(c)3 –Attach copy of IRS Determination Letter \_\_\_\_\_ Governmental Entity

\_\_\_\_\_ Other- Please specify: \_\_\_\_\_

### **Contact Person**

Name \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Grant Overview**

**Brief Summary of Request** (Please limit response to the space below)

**Amount of Request** \_\_\_\_\_

**Total Project Budget** \_\_\_\_\_

### **Application Certification**

We hereby affirm that the information provided in this application is accurate and complete to the best of our knowledge. We agree to give proof of the financial need that I (we) have given on this form.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Board Officer Signature\*** \_\_\_\_\_ **Date** \_\_\_\_\_

\*All requests from Benton Community School Corporation must be signed by the Superintendent. Requests made by departments of the County government must be signed by the President of the County Council.

**Complete and return to Benton Community Foundation:**

- Completed Application**
- Organization's Annual Operating Budget**
- List of Organization's Board of Directors and Staff/Lead Volunteer(s)**

**Overview of Organization**

Please describe your principal services offered, purpose, and/or mission.

What population does your organization serve? (i.e. age, geography, income level, etc.)

Describe any collaboration or partnerships that you have with other organizations in regards to this project.

## **Overview of Project**

Briefly describe the need for the project for which you are seeking funding. Include any information that verifies this need.

How will this project address this need?

What is the projected timeline for implementation of this project?

What other area organizations are now providing this same type of service? To what extent would the proposed project be a duplication of services already available?

## ***Evaluation of Project***

How will you measure the success of this project?

Who, and how many, will benefit from this project?

How will your organization benefit?

## ***Acknowledgement of Grant***

If funded, how will your organization share with your constituents that this program/project received funding from Benton Community Foundation?

**Summary of Project Finances**

**Income Received**

Source of Funds	Amount	% of Total Project

**Income Pending**

Source of Funds	Amount	% of Total Project

**Total Anticipated Income**   \$ \_\_\_\_\_   **100 %**

**Project Expenses**

Description of Expense	Amount	% of Total Project

**Total Anticipated Expenses**   \$ \_\_\_\_\_   **100 %**

**If the Community Foundation is unable to provide full funding for this project, will you be able to complete it through alternative sources of funding?**         \_\_\_\_\_ **Yes**         \_\_\_\_\_ **No**

**Please explain response below.**