JASPER COMMUNITY FOUNDATION

2017 Grant Application

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Cover Page

Is your organization an IRS 501(c)(3) not-for-profit? Yes_____ No_____
If no, is your organization a 170(c)(1) unit of Government? Yes_____ No_____
If no, then you must have a fiscal sponsor to proceed with application.

A. Name of Organization Requesting Grant (If Fiscal Sponsor, then complete Section F thru H):

B. Federal Tax Identification Number of Organization (EIN - This number does not prove non-profit status):

C. Organization Address:

D. Organization Contact Person & Title:

E. Organization Contact Person's Phone & Email Address:

F. If applicable: Name of Fiscal Sponsor Supporting this Organization's Grant Application:

G. If applicable: Fiscal Sponsor's Address:

H. If applicable: Fiscal Sponsor's Contact Information (Name, Phone and Email Address):

Project Title:

Total Cost of Project:	Amount Requested from the Foundation:
$	$

Type of Request (check one): _____ Capital Based   OR   _____ Program Based

    Capital Based Definition: The building of or physical improvement of something
    Program Based Definition: Operational, activity, general programmatic support

Project Focus Area (check one):

_____ Arts/Culture/Humanities _____ Human Services _____ Education _____ Health
_____ Environment/Animals _____ Public/Society Benefit _____ Other

Description of Organization (list the year organized, accomplishments, charitable purpose, program activities):

Brief Overview of Project (additional details requested on page 2):

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Request Summary

Describe the proposed project, including the goals and objectives. Discuss the community need for the project, the benefits for the community as a result of the project and the community support for the project.

Population Served (estimated # of people)_____   Grant Monies Needed:
Month/Year <u>to</u> Month/Year _____

Are Matching Funds Being Used? _____Yes _____No
If yes, what percentage of total funds raised are matched dollars?_____

Has your Organization previously received funding from the Jasper Community Foundation? _____No
Yes, what year(s)?_____   What Project(s)?_____

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Outline other resources or partners identified to assist with the project; other funding secured, applied for and proposed for the project:

Indicate desired impact and how you will measure and evaluate the results of the project. Be specific regarding community needs/issues your project will address.

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What is the timeline for this project?

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Attachments

In order to be considered for funding, your application MUST include the following items:

_____	Copy of latest Federal IRS Tax-exempt status letter
_____	List of Board of Directors and their affiliations
_____	Copy of most recent CPA audit, financial statement or tax return (IRS 990 form)
_____	Signed Fiscal Sponsorship Agreement (if applicable)
_____	Signed Applicant Board Approval Agreement (see below)

Board Approval from Applicant Organization:

We approve submission of this grant request and certify that the purpose of this request is charitable and that monies received from the Community Foundation will be used solely for the project stated in this application.

Print Name   Signature   Date

_____

Board Chairman

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Fiscal Sponsorship Agreement (if applicable)

Date:
Fiscal Sponsor (Legal Applicant):
Fiscal Sponsor Contact Person and Email Address:
Fiscal Sponsor Full Mailing Address:
Sponsored Organization Conducting Project:
Project Name:

_____ ,the Fiscal Sponsor as noted above, hereafter referred to as **The Sponsor;** has agreed to serve as a Fiscal Program Sponsor for the _____ , the Sponsored Organization as noted above, hereafter referred to as the **Sponsored Org.** as outlined in the attached application and supporting materials. The Board of Directors of **The Sponsor** has passed a resolution adopting the **Sponsored Org.'s** project as a program or project consistent with **The Sponsor's** purpose and mission. The **Sponsored Org.'s** financial activities will be accounted for as a program of **The Sponsor** for IRS auditing and financial reporting purposes.

Since the **Sponsored Org.** is not recognized by the IRS as a charitable tax-exempt entity, **The Sponsor** must exercise full control over the **Sponsored Org.'s** financial administration, management and disbursement of funds resulting from this grant application. **The Sponsor** has delegated _____ , the person responsible for fulfilling of these accounting and reporting functions subject to the ultimate authority of the Board of Directors of **The Sponsor**. **The Sponsor** is responsible for ensuring completion of timely reports and submission of necessary financial statements to the Community Foundation's Administrative Office (contact information noted below). Failure to insure timely reporting on behalf of the **Sponsored Org./Sponsor** will also result in a loss of good standing.

This Agreement will be in effect from the date of a grant award to support the above-named project until the grant funds are expended and the final report has been submitted and accepted.

We agree to the terms stated above in this agreement:

Print Name of Fiscal Sponsor Representative (Legal Applicant)_____

Signature of Fiscal Sponsor Representative (Legal Applicant):_____ Date:_____

Print Name of Sponsored Organization's Representative:_____

Signature of Sponsored Organization's Representative:_____ Date:_____

**   Attach to this agreement the Fiscal Sponsor's 501 (c)(3) Tax-Exempt Determination Letter or comparable proof of charitable exemption (i.e., a letter from a City, confirming their status as a government entity. Contact JCF with questions, or for examples of a letter from a city.)

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Organization Budget

If you already prepared an organization budget that contains this information, please feel free to submit it in its original form. Feel free to attach a budget narrative explaining your numbers if necessary.

Budget for the period _____ to _____

INCOME

Source	Amount
Support	
Government grants	$
Foundations	$
Corporations	$
Individual contributions	$
Fundraising events and products	$
Membership income	$
Revenue	
Government contracts	$
Earned income	$
Other (specify)	
	$
	$
	$
Total Income	**$**

EXPENSES

Item	Amount
Salaries & wages	$
Insurance, benefits & other related taxes	$
Consultants & professional fees	$
Travel	$
Equipment	$
Rent and utilities	$
General operating	$
Other (specify)	
	$
	$
Total Expense	**$**
Balance (Income less Expense)	**$**

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Organization: Project Name:

Please briefly summarize the goals of your project. Were you able to attain the goals of your project? Please explain. Were there any unexpected successes/benefits?

What method was used to evaluate the project? Please detail program/project results and the tools you used to measure the change.

Were there any unexpected barriers to overcome? What were they and how were you able to address them?

Do you plan to continue the project? If yes, will any of the past year's experiences cause you to change the project? If yes, how will the project be changed?

Was there any publicity, including any recognition of the Community Foundation grant, on your project? If yes, please describe and attach copies. Please include pictures of your project implementation and/or results.