

**SEYMOUR NOON LIONS CLUB CHARITABLE FUND  
GRANT PROPOSAL**

(Proposals must be returned to the Foundation office no later than June 15, 2012)

Name of Organization \_\_\_\_\_  
(If the organization name is not the same as that on the 501(c)(3), please include documentation explaining why.)  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_

President of Governing Board, typed or printed \_\_\_\_\_

We acknowledge, that if approved for this grant, we must enter into a Grant Agreement with the Community Foundation of Jackson County. The Foundation will administer the grant and grantees must agree to comply with program and financial reporting requirements.

\_\_\_\_\_  
**Signed, President/Chair of Governing Board**

\_\_\_\_\_  
Please note that grant proposals from organizations or agencies that have not complied with reporting requirements may not be considered for future grants from the Seymour Noon Lions Club Charitable Fund.

Project Title \_\_\_\_\_ Amount Requested \_\_\_\_\_

Please indicate the area for which you are applying:

Speech  Eye-care  Hearing  Diabetes  Youth

Briefly describe your request:

**GRANT PROPOSALS MUST INCLUDE THE FOLLOWING ITEMS:**

- **FOUR COPIES OF THE COMPLETED PROPOSAL FORM USING ONLY THE SPACE PROVIDED;**
- **FOUR COPIES OF ALL OTHER MATERIALS RETURNED WITH THIS PROPOSAL, AS LISTED BELOW:**
- **Budget for proposed project;**
- **List of current members of governing board;**
- **Copy of 501(C)(3)determination letter from Internal Revenue Service. (If not already on file with the Community Foundation office.)**

## **GRANT PROPOSAL**

1. **ORGANIZATION:** What is the purpose of your organization and whom does it serve?
  
2. **NEED:** What are the issues that this project will try to address?
  
3. **PURPOSE:** What are the anticipated outcomes of your program?
  
4. **WHO:** Describe who will be served by this project. How many will be served? What is the geographic area served?
  
5. **VOLUNTEERS:** What role do you anticipate for volunteers in this project?
  
6. **COORDINATION:** Who else in our community is working on this issue? What will you do that is better or different than existing programs? How will you coordinate with them?
  
7. **MANAGEMENT:** How will this project enhance or improve your organization's self-sufficiency and effectiveness?
  
8. **OTHER FUNDS:** Who has given or pledged funds for your project? Where else are you seeking funds?

9. **FUTURE FUNDS:** How will this project be financed in the future?
10. **COMPETENCE:** What evidence can you give of the ability of your organization to implement this project?
11. **EVALUATION:** How will the project be monitored and the results evaluated?
12. **IMPACT:** Describe the effect of this project on the organization, clients, and the community.
13. **OTHER:** Is there anything else you would like us to know about this project?

**SUBMIT 4 COPIES**

**OF ALL MATERIALS TO: Seymour Noon Lions Club Charitable Fund  
c/o The Community Foundation of Jackson County  
P. O. Box 1231  
107 Community Drive  
Seymour, IN 47274**