

OWEN – CARR TOWNSHIP COMMUNITY FUND
A fund of the Community Foundation of Jackson County
GRANT PROPOSAL FORM

Date rec'd _____
Date reviewed _____
Approved/Declined _____
Amount \$ _____

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 _____

This grant is to be used only for the purpose described in the grant request and in accordance with the budget submitted. The funded program is subject to modification only with the Foundation's prior written approval. Any portion of the grant not used for the purpose for which it has been approved must be returned to the Foundation.

Signed, President of Governing Board

Project Title _____ **Amount Requested** _____

Briefly describe your request for a grant:

GRANT PROPOSAL CHECK LIST:

- Three copies of the completed proposal form using only the space provided and three copies of supporting materials, as follows:
- Budget for proposed project;
- List of current members of governing board;
- Current month and year-to-date financial statement;
- Copy of 501(C)(3)determination letter from Internal Revenue Service. *(If not already on file with the Community Foundation office.)*

8. **FUTURE FUNDS:** How will this project be financed in the future?

9. **COMPETENCE:** What evidence can you give of the ability of your organization to implement this project?

10. **EVALUATION:** How will the project be monitored and the results evaluated?

11. **IMPACT:** Describe the effect of this project on the organization, clients, and the community.

12. **OTHER:** Is there anything else you would like us to know about this project?

SUBMIT ALL COPIES

AND ALL MATERIALS TO: The Community Foundation of Jackson County

P. O. Box 1231

Seymour, IN 47274

(812) 523-4483

(812) 523-1433 (fax)