



Grant Application

Spring 2011

General information

Applicant: _____ Date _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Contact Person _____ Telephone: _____

Project Title _____

Request for funds

- All applications must use this completed form as the cover page.
- On a separate page, please list your board members or principal parties and staff.
- Complete the Foundation's application budget page and attach to your application.
- Please do not include any supplemental materials (brochures, letters of support, etc.)
- Using no more than two, 8½ X 11 single-sided sheets of paper, please tell us about your proposal. Be sure to include the following, and label the information by letter in your narrative:
 - a) The mission or purpose of your organization or group
 - b) A definition of the need, including how the need has been determined
 - c) The targeted population
 - d) A description of the project/program
 - e) Your expected results
 - f) Your timetable and process for achieving results
 - g) How you will evaluate the success of your proposal

Type of grant requested (see grant guidelines- www.ottawacountycf.org)

Project/Program Capacity Building Seed Money Capital Operating Endowment

Financial information

Time period of your project: From _____ to _____ Date when funds will be needed: _____
(*Project must be completed within the time frame of June 2011-June 2012)

Total project cost \$ _____ OCCF grant requested \$ _____ (\$4,000.00 max.)

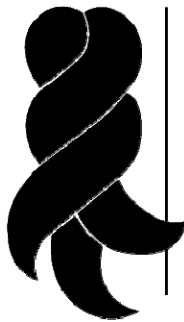
Other Funding sources _____

Total grant requests frequently exceed the amount of available funding. Are you willing to accept a grant less than your requested amount? Yes No If yes, is there a minimum grant amount required *in order for the project to proceed*? \$ _____

Submit

Submit 4 copies of the completed application, including additional narrative, budget and board list by April 30, 2011, to: **Ottawa County Community Foundation, 519 Delia, Minneapolis, KS 67467.**

Questions? You may find your answer on our website at www.ottawacountycf.org. Or you may call Mark Freel at 785-823-1555, or email him at mfreel@isgtech.com



Ottawa
County
Community
Foundation

An affiliate of the
Greater Salina Community Foundation

Application Budget Page

Spring 2011

Applicant: _____ Date _____

Project Title: _____

Project Revenue:

_____	OCCF Grant Request (\$4,000 max.)	\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
	TOTAL	\$ _____

Project Expenses:

_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
	TOTAL	\$ _____

How will the OCCF dollars specifically be used? _____

Employer Identification Number (EIN) (Required) _____

Is applicant a 501(c)3 Nonprofit Organization? Yes _____ No _____. If yes, Please complete:

Total Annual Operating Budget of the Applying Organization \$ _____

I certify that the organization is current on all IRS filings, including form 990 tax returns and all quarterly payroll returns.

Signature

Print Name Here

Title