CLAY COUNTY COMMUNITY FOUNDATION

COMMUNITY BETTERMENT GRANT APPLICATION

Grant for which you are applying: ◉ Standard ○ Impact

Organization_____Founding date_____

Mailing Address_____

City, State, Zip_____Phone_____Cell Phone_____

501(c)(3) status: ◉ Yes ○ No EIN #_____ If no, Fiscal Sponsor_____

Fiscal Sponsor EIN#_____

Grant Contact Person and Title_____

Phone_____ Cell Phone_____Email_____

Major sources of operating funds (by %)_____

_____

Organization's Annual Operating Budget $_____

Name of Project_____

Description of project for which funds are requested (25 words or less)

Specifically, how will funds be used:

What grants have you received from this Foundation in the past 5 years? (project name/amount)

Anticipated project timetable_____through_____Geographic area served by project_____

Client group (and number) served by project_____

Total Project Cost $_____

Total Amount Requested from Clay County Community Foundation_____

Signature of Board Officer:_____Title_____Date_____

CLAY COUNTY COMMUNITY FOUNDATION

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PROJECT DESCRIPTION – NEED AND IMPACT

1. In one page or less, describe your proposed project. *What do you plan to do, and why? Why is a CCCF grant needed to make this project happen? What will be the result of this project? Describe individuals impacted by this project. How will Clay County communities be enhanced or improved by this project?*

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Please answer the following questions in the space provided:

2. Applicant's Ability to Carry Out Project: *Is this a start-up project or service? Does the applicant have an effective record of service? Is the applicant qualified and prepared to take on the project?*

3. Budget Funding Sources OR Narrative: *Has the applicant secured matching or in-kind funding? Is the budget realistic? Will the project be possible without CCCF funding? Is this a one-time event or an on-going project? If on-going, how will it be sustained?*

Budget:

Income

Source	Amount
In-kind Volunteer Donations	$
In-kind Staff Hours	$
Donations	$
Other Grants	$
Other Income	$
Clay County Community Foundation Request	$

TOTAL $

Expenses (Please attach quotes and estimates to email submission)

Source	Amount
	$
	$
	$
	$
	$
	$

TOTAL $

4. Evidence of Broad-based Community Support: *Does the applicant have financial or volunteer support for the project? If this is a start-up, describe resources/organizational structure/facilities in place at this time.*

PRINT SAVE EMAIL FORM