Fairfield County Foundation Community Grants Cycle 1

Fairfield County Foundation (OH)

Instructions

Collaborate-If you wish to give someone else access to view/edit/submit your application you can now do so using the above "Collaborate" button. Click here to view the written tutorial and here for the video tutorial **prior** to using this feature. **DO NOT** enter your own email address used as your log on in the collaborate function as it may lock you out.

Please note all text response areas have <u>CHARACTER</u> counts, not word, and we cannot change that restriction.

You must submit the application prior to 11:45 pm on the deadline listed. The application will be locked after that time and <u>will not allow you to edit or submit</u>.

You may click "Save Application" below to save your work and return to submit at a later date. You must click "Submit Application" by the deadline in order to be considered. The application cannot be edited once you click submit.

If you have any questions during the application process please contact Program Officer, Abby King, at aking@fairfieldcountyfoundation.org or 740-654-8451.

Organization Overview

History*
Concise history of your organization, including past and present programs and activities.
Character Limit: 4000

Board Roster*
Please submit a *current* list of the organization's Board of Trustees. You can type them in the text box, provide a link to the *current* list on your organization's website <u>or</u> upload a document of the list.
Character Limit: 1000 | File Size Limit: 3 MB

Financial Statement*
Please upload the organization's most recent financial statement (profit & loss and balance sheet preferred).

File type must be pdf, doc, docx, jpg, png, or xlsx.

File Size Limit: 5 MB

Operating Budget*

Please upload the organization's most recent operating budget.

File type must be pdf, doc, docx, jpg, png, or xlsx.

File Size Limit: 5 MB

Project/Program Information

Project/Program Title*
Character Limit: 100

Description*
Provide a detailed description of the project. Be sure to include how it will be implemented.

Character Limit: 4500

Timetable*
What is the time frame for implementing and completing the project/program?

Character Limit: 4000

Objective*
What impact are you hoping to achieve with this project/program and how do you plan to evaluate it?

Character Limit: 3500

Number Served*
What is the estimated number of individuals that could be served by this project/program?

Character Limit: 250

Project/Program Leader(s)*
Identify the name(s) and qualifications of the person(s) overseeing the project/program.

Character Limit: 1500

Funding Priority

Please select which funding priority of the Foundation that the requested project/program will meet. Detailed descriptions of each priority can be found on page 3 of our Grant Guidelines.

Choices
Arts and Culture

Civic and Community
Education
Environment
Health
Human Services

Funding Priority*

Based on your selection of the funding priority on the preliminary application, shown above, please explain how your project/program meets that priority.

Character Limit: 3000

Continuing Support*

If the project/program is funded by the Foundation, how does the organization plan to continue to support it once Foundation funding is exhausted?

Please keep in mind, per the Foundation's Grant Guidelines, we normally do not fund grants to organizations that have received a grant from the Foundation for the same or similar project/program in the last 12 months.

Character Limit: 3500

Partial Grants*

How would partial grant funding effect your project/program?

Character Limit: 1500

Grant Project Budget

Please answer the questions below as it relates to the revenue and expenses for the project request only.

Total Program/Project Cost*

Please list the total dollar amount for the entire project/program.

Character Limit: 20

Grant Request Amount*

How much money are you requesting from the Fairfield County Foundation?

Character Limit: 20

Other Requested/Pending Funds from Grants*

Please list the total dollar amount of requested/pending funds from other grants/contributions requested. If you have not requested any other grants/contributions for this project put 0.

Character Limit: 20

Other Requested/Pending Funds from Grants*

Please list sources you have requested funds from that are <u>currently pending</u>. Please put NA if you do not have any other outstanding requests.

Character Limit: 1000

Other Committed Funds from Grants*

Please list the total dollar amount of **committed** funds from other grants/contributions requested. If you have not requested any other grants for this project put 0.

Character Limit: 20

Other Committed Funds from Grants/Contributions*

Please list other sources you have received <u>committed funds</u> from for this project. Please put NA if you do not have any other committed funds.

Character Limit: 1000

Earned Income*

Please indicate the amount of earned income the organization plans to put towards this project.

Character Limit: 20

Expenses*

List all project-related expenses to show the total expenses for the program/project. List the description, quantity (if more than one) and cost per item. Expenses should be listed in order of importance.
For example:
Side by side refrigerator $400
Can opener (2) $10
Spoon (20) $5

Character Limit: 5000

Bids*

Three bids are desired for purchased services and/or equipment. If 3 bids are not provided, an explanation is required.

File types must be word, pdf, png or jpg.

Character Limit: 1500 | File Size Limit: 3 MB

Authorization

Governing Body Authorization*

Please provide a statement from the organization's governing body authorizing this request and agreeing to complete the project/program if funded.

This statement should be signed by the Board Chairperson on the organization's letterhead. If the organization approved requesting the grant in a Board meeting, you may include the approved minutes from the meeting in place of the statement.

File type must be pdf, doc, docx, jpg, or png.

File Size Limit: 5 MB

Electronic Signature of Person Completing Form*

I certify that the information on this form is true and complete to the best of my knowledge. I understand that it is fully my responsibility to provide the correct information requested and that this application will be disqualified if the requested information is not provided.

Character Limit: 100

Additional Process Information

Please be aware that once you hit **submit** you will NOT be able to edit the application. You will be able to view and print but not change any of the answers.

Once you submit the application you will receive a confirmation email. If you do not see it, please first check your junk/spam folder then call or email Program Officer, Abby King, at aking@fairfieldcountyfoundation.org or 740-654-8451.