



## COMMUNITY GRANT REQUEST PROCEDURE

- A. The Grant Application form, with required attachments, must be completed in order for ACCF to consider a request. ACCF does not discriminate based on age, gender, race, national origin, religious beliefs, disabilities, sexual orientation, economic circumstances or lifestyle.
- B. First-time applicants are required to interview with Foundation staff prior to proposal submission. This staff interview to discuss your proposal prior to submission is also available, but not required, for repeat applicants. Please contact the Foundation office to schedule your appointment at least one week prior to submission.
- C. An interview with the Grants Committee to discuss your grant proposal following submission is available. Please indicate on the application if you would like to take advantage of this opportunity.
- D. **Nine copies** of the application and support documents are due on **September 1** with decisions made by November 1. The ACCF Grants Committee reviews all grant requests with final decisions made by the Board of Trustees.
- E. ACCF provides support for: capital campaigns, building and renovation, equipment, project grants, program development, seed money, and matching/challenge grants. In general, the Foundation does not support ongoing operating expenses, annual campaigns, existing endowment funds, cash reserves/debt reduction, or religious organizations for religious purposes.
- F. A follow-up report is required within one year should a grant be awarded. Completion of the grant follow-up report is required for eligibility for future ACCF grants.

### **Please attach the following information and support documents:**

CURRENT DOCUMENTS ARE REQUIRED. FORMER DOCUMENTS FILED WITH ACCF ARE NOT RETAINED.

1. **Cover letter** to include summary statement.
2. **Copy of the current IRS determination letter indicating 501(c)(3) tax-exempt status** or IRS classification for qualifying charity.
3. **Organization Information**
  - List of Board of Directors with affiliations
  - Brief summary of organization's history, including mission
  - Description of current programs, activities and accomplishments
4. **Finances**
  - Organization's current annual operating budget, including expenses and revenue (beyond entry on first page of application)
  - Organization's current assets and liabilities
  - Most recent annual financial statement (independently audited, if available; if not available, attach Form 990)
5. **Annual report**, if available.

Letters of support are not required nor recommended.

Please call 419-281-4733 with any question or to schedule an interview with ACCF staff.

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED**



**ORGANIZATION** \_\_\_\_\_

**Year Founded** \_\_\_\_\_ **CEO** \_\_\_\_\_

**Are you a 501(c)(3)?** \_\_\_\_\_ **Annual Operating Budget \$** \_\_\_\_\_

**If not, explain:** \_\_\_\_\_ **Current Assets** \_\_\_\_\_

**EIN Number:** \_\_\_\_\_ **Current Liabilities** \_\_\_\_\_

**Grant Applicant** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Website** \_\_\_\_\_

We    **choose** /    **do not choose** to have an interview with the Grants Committee to discuss our proposal. (Notification of assigned date and time will be made following proposal submission.)

**REQUEST DATA**

**Project Name** \_\_\_\_\_

**Amount Requested \$** \_\_\_\_\_ **Total Cost \$** \_\_\_\_\_

**Area of Preference:**    Arts and Culture    Community Progress    Education  
   Environment    Health and Human Services

**Type of Support:**    Capital Campaign    Building/Renovation    Equipment  
   Project Grant    Program Development    Seed Money  
   Matching/Challenge

**STATEMENT OF NEED**

**1. What is the problem, challenge, or need that is unaddressed or unmet?**

**2. What is the research, statistics or evidence that shows this need or benefit exists?**

## **PROGRAM/PROJECT DESCRIPTION**

- 1. Describe the specific grant request.**
  
  
  
  
  
  
  
  
  
  
- 2. Describe the population to be served by the requested grant.**
  - a. Who will benefit directly from the grant (to include age and geographic area)?
  
  
  
  
  
  
  
  - b. How many people will benefit directly from the grant?
  
  
  
  
  
  
  
  - c. How many Ashland County people will benefit directly from the grant?
  
  
  
  
  
  
  
  
  
  
- 3. Provide a timeline for implementation of the requested grant (to complete in one year).**  
(Programs/projects already completed by the September 1 deadline date will not be reviewed.)

**FUNDING PLANS**

1. Program/Project-Specific Budget for which you are requesting assistance, including all secured and pending revenue and anticipated expenses. Only include revenue/expenses directly related to the program/project for which you are requesting funding.

<b>PROGRAM/PROJECT-SPECIFIC BUDGET</b>	<b>Budget (please note if dollars are secured or pending)</b>	<b>Actual (to be completed following grant period)</b>
<b>Revenue Sources</b>		
1. Contributions (list)		
2. Anticipated ACCF Grant Support		
3. Fees for Service from Government and/or Government Grants		
4. Membership Dues		
5. Individual Fees		
6. In-Kind Contributions		
7. Other (list)		
<b>Expenses</b>		
1. Salaries/Benefits/Payroll Taxes		
2. Equipment		
3. Supplies		
4. Travel		
5. Other (list)		

2. We \_\_\_ **would** / \_\_\_ **would not** accept partial funding of our request for this program/project.

What plan is in place to move this program/project forward should full funding of this request not be granted?

3. ACCF does *not* provide multi-year grants or sponsorship funding. **If this will be an ongoing program/project, describe plans and specific sources for long-term/future funding.**

4. What other organizations are involved or collaborating with this requested grant (outside of fundraising efforts). Explain the level of support in each relationship. Be specific.

**EVALUATION AND RESULTS**

Clearly state the goals of this grant request below to include how the request, if funded, will further the organization’s mission. Specifically define how the immediate and long-term goals will be evaluated.

<u>Goals of grant request</u>	<u>Evaluation of Goals</u>	<u>Actual Outcomes</u> (to be completed following grant period)

\_\_\_\_\_  
CEO Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CONTACT Signature

\_\_\_\_\_  
Date