



Washington County Community Foundation

For Good. For Ever. For Washington County.

APPLICATION FOR FUNDING

Applicant	Contact Person:
Address:	Address:
City/State/Zip:	City/State/Zip:
Email:	Phone:
Is Your Organization Registered as a Non-Profit Business Entity by the State of Indiana? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please attach documentation)	Secretary of State Control #:
Is Your Organization a 501(c)(3) <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please attach documentation)	Federal ID #
Number of Persons to be impacted:	What percentage of your board members make a financial contribution to your organization?

Please answer the following questions on a separate page(s).

1. Please state the title of the proposed project or program.
2. Give a brief description of the project or program.
3. What is the objective / purpose of the project or program?
4. Please state your mission and how this project or program relates to it. Briefly describe your organization.
5. Who will be the key personnel in charge of the project or program? What is their role in your organization?
6. How will this project or program make a difference / impact in Washington County?
7. What is the problem or opportunity (if any) that will be addressed by this project or program?
8. Is anyone else in the community working on this problem? What will you do better or differently than the existing program? How will you coordinate with them?
9. What are the final outcomes and accomplishments from this project or program? What are your specific objectives?
10. How will you evaluate the progress and success of your project or program?
11. If WCCF does not fund this project or program, will you continue with it? How?
12. Have you found or secured other funding sources for this project or program?
13. If you plan to continue this project or program, how will you fund it beyond the grant period?
14. Is there anything else you would like us to know about this project or program?
15. What is your proposed starting date and completion date?
16. Have you ever received any previous funding from the Foundation? If so, please describe.
17. Please attach any evidence of public support (letters, publicity, etc...).
18. Please provide letters / documentation to support all "in-kind" donations.
19. If this is for a construction project or major purchase, three (3) quotes **MUST** be submitted.
20. Please attach an annual operating budget approved by your governing body to the application.

To the best of my knowledge and belief, all data in this application are true and correct. The document has been duly authorized by the governing body of the applicant. Grant Applicant hereby certifies that it does not discriminate on the basis of race, national origin, religion, gender, gender preference, age, or disability ("non-discrimination factors") in its policies, practices, services, or standards for participation in its programs, except to the extent any such program lawfully provides services to a limited segment of the population based on any such non-discrimination factor. It is expressly understood and agreed that Washington County Community Foundation is not a joint participant in, nor provider of, any of the Grant Applicant's programs or services. Washington County Community Foundation's role in Grant Applicant's programs and services is limited solely to making grants and assuring that grants are administered in accordance with the terms of the approved application. The Grant Applicant represents and warrants that it will use all granted funds in accordance with applicable laws. Grant Applicant agrees to indemnify, and hold Washington County Community Foundation harmless from any liability imposed on Washington County Community Foundation based on any conduct or omission occurring in connection with a program or service of Grant Applicant for which Washington County Community Foundation has provided a grant.

Name of authorized representative:	Date:	Telephone:
Signature of Authorized Representative:	Title:	



APPLICATION FOR FUNDING BUDGET DETAIL

Please use this form to detail the amounts and sources of funds for accomplishment of your project.
Attach documentation showing the source(s) of match money and in-kind money. If additional pages are needed,
please make copies of this page and attach.

Description of budget item	Grant Amount	Match Money	Totals
TOTALS	(Row A on the Budget Summary)	(Row E on the Budget Summary)	(Total Project Cost on the Budget Summary)

BUDGET SUMMARY		
A. GRANT FUNDING REQUESTED (from WCCF)		\$
B. CASH & LOCAL FUNDS TO BE SPENT ON PROJECT:	\$	
C. VALUE OF IN-KIND/DONATED EQUIPMENT/SUPPLIES:	\$	
D. VALUE OF IN-KIND/DONATED LABOR:	\$	
E. TOTAL OF APPLICANT'S SHARE: (B+C+D)		\$
TOTAL PROJECT COST (A+E)		\$