# PICKAWAY COUNTY COMMUNITY FOUNDATION

**Application for Grant Funding**

## Please type

* *Return completed application and documents to: PCCF, 770 N. Court Street, Circleville, OH 43113 or email all documents to Jan.Shannon@yourpccf.org*
* *Direct questions to 740-477-6207*

Attach the following to the application:
1. A one page, double spaced, summary of the proposed project.

2. Proposed Project Budget showing all sources of income and expenses (including other grants received).

3. Organization’s Budget

4. List of all Board members for the organization.

5. Copy of organization’s most recent 990

6. IRS designation letter

ORGANIZATION NAME: DATE:

ORGANIZATION CONTACT: TITLE: ADDRESS:

*(STREET) (CITY) (STATE) (ZIP CODE)*

PHONE: EMAIL:

MISSION STATEMENT of Organization:

TAX EXEMPT STATUS – 501(c)(3): *Circle one* YES NO FEDERAL TAX ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the information provided in this application is true to best of my knowledge.

*(Printed Name of Organization Contact) (Printed Name of Project Chairperson)*

*(Signature of Organization Contact) (Signature of Project Chairperson)*

*(Date) (Date)*

### PROJECT NAME: PROJECT CHAIRPERSON:

PHONE: EMAIL: TOTAL COST OF PROGRAM: $ AMOUNT REQUESTED: $

ESTIMATED TIME PERIOD/DURATION OF PROJECT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVIDE A DESCRIPTION OF THE SCOPE OF THE PROJECT: (Include goals/objectives, who will work on the project and timeline)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW DOES THIS PROJECT IMPACT PICKAWAY COUNTY AND HOW WILL IT BE ADVERTISED OR PROMOTED?

EVIDENCE of NEED for the Project: (Provide information on the problem you intend to address with this program and why. Include in bulleted format specific data and local statistics that support your case. Include sources.)

DESCRIBE THE RESOURCES YOUR ORGANZATION WILL DEDICATE TO THIS PROGRAM: (Include other funding streams)

WHAT ARE THE EXPCTED RESULTS FROM THIS PROGRAM: (Describe “how many?” Examples may include number of classes taught, sessions conducted, materials distributed, participants served, service hours provided, etc.)

WHAT CONSTITUES SUCCESS OF THE PROGRAM: (Include key performance indicators and specific numbers.)