

Clark County Community Foundation Inc.

2018 Grant Application Form

PO Box 116, 301 N Main Street, Loyal WI 54446
Ph: 715-937-6167 Website: www.clarkccf.org

General Grant Application Instructions

To be considered for funding, your completed Application must be received or postmarked on or before **November 15, 2018**.

General Instructions

- Please read all questions carefully and provide complete answers. Attach additional documentation as necessary.
- Provide information in the order listed.
- All sections of this application must be completed in order to be considered for funding. If a particular section or question does not apply, please answer "Not Applicable or N/A".

Grant Guidelines

The Clark County Community Foundation (CCCF) Grant Allocation Committee reviews all applications and provides recommendations to the Board of Directors for final approval.

The Foundation **favours** applications that:

- Support the citizens of Clark County, WI;
- Demonstrate opportunities to enhance the quality of life for citizens of Clark County;
- Address or improve an identified need within Clark County;
- Promote or provide opportunities for the citizens and / or communities of Clark County that are not currently being met;
- Demonstrate strong community support and / or volunteer involvement; and /or
- Provide matching funds from the submitting organization or another source.

The Foundation Grants are **not intended** to be used for or to fund:

- Annual campaigns;
- Other endowment or pass-through funding;
- Direct support of individuals;
- Lobbying or political organizations; or
- Activities or programs that do not support or benefit the citizens and communities of Clark County Wisconsin.

Successful Applicants will be notified of any grant awards in a timely manner.

Please contact the Foundation if you have questions regarding the completion of this Grant Application Form.

2018 Grant Application



Section I - General Information

Grant Applicant Information:

Name of Organization:	_____
Contact Person / Title:	_____
Organization Address:	_____
City, State, Zip Code:	_____
Organization Phone No:	_____
Email: _____	Federal Identification #: _____
<hr/>	
Additional Contact Person (if necessary):	Name: _____
Phone No: _____	Email: _____

1. Is your organization based in Clark County, WI? Yes No
(If not, please attach a statement and related documentation of how any grant funds received from the CCCF will benefit Clark County, WI.)

2. Is your organization a 501(c)(3) tax exempt organization? Yes No
(If yes, please attach a copy of your current IRS letter of determination. If no, you may not qualify for funding from the CCCF and we advise you to contact the Foundation to discuss your Application.)

3. Is your organization a unit of government? Yes No
(If yes, please describe / list the government affiliation and the department or committee of oversight.)

Federal _____ State _____
 County _____ City / Village / Town _____
 Other _____

4. What is the purpose or Mission of your organization?
(Attach additional pages, as necessary.)

5. List the names of your Organization's Board of Directors and Officers:

President: _____	Vice-President: _____
Secretary: _____	Treasurer: _____
Director: _____	Director: _____
Director: _____	Director: _____

This Grant Application Form Must Be Used

Please print, type, or complete this form in pdf format from our website. As necessary, please attach additional pages and/ or information for each question in the order shown in this Application.

Section II – Select Fund(s) That Application Requests Funding From:

Please Note:

Grants awarded by the CCCF generally range from **\$100 to \$1,000 each**. All applications are reviewed to ensure they fall within the CCCF’s grant guidelines. You may be contacted to provide additional information in support of this Grant Application.

Please check ANY Fund that may apply to your Application request. Check ALL that apply.

- Clark County Community Fund:**
(Unrestricted Funds – open to all worthy projects – granted at the discretion of the CCCF Board of Directors.)

Field of Interest Funds:

(Provides grants in support of specific areas or “fields” of interest – granted at the discretion of the CCCF Board of Directors. See examples for each category below.)

- Agricultural**
(e.g.- 4-H Clubs, FFA, farm safety, agricultural related projects, events or activities)
- Arts / Cultural / Historic**
(e.g. - art, dance, theatre, music, museums, cultural / historic related projects, events or activities)
- Citizens / Communities**
(e.g. - basic needs or programs or activities that support improved quality of life)
- Education** (other than scholarships)
(e.g. - literacy programs, educational activities, student organizations, school booster clubs)
- Seniors**
(e.g. - senior citizens programs, events or activities)
- Youth**
(e.g. - 4-H clubs, scouting, recreational or sporting youth projects, programs or activities)

Section III – Application - Project Information and Budget

1. Briefly describe the project you are requesting funding for. Include the purpose, anticipated outcome, geographic area and / or number of people anticipated to be served. If this is a project or event, discuss if it has been done or held previously. Attach additional pages, as necessary.

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Section III – Application - Project Information and Budget (continued)

2. Amount of funding requested: \$ _____

- I. Please complete this Budget for the event or project being funded. Include a reasonable estimate of Revenues and an itemized list of Expenses you expect to incur.
- II. Awarded funds are expected to be used within 12 months of receipt.

Project Budget:

<u>Project Revenue:</u>		<u>Amount</u>
1) Your organization	\$	_____
2) CCCF grant request (<i>item #2 above</i>)		_____
3) User / entrance fees (if any)		_____
4) Other _____		_____
Total Project Revenue	\$	_____

<u>Project Expenses:</u>		<u>Amount</u>
1) _____	\$	_____
2) _____		_____
3) _____		_____
4) _____		_____
5) _____		_____
6) _____		_____
Total Project Expenses	\$	_____

Project - Net Excess Revenues (Expenses) \$ _____

[Please contact the Foundation if you have any questions on how to best complete this Application. All questions are welcome.]

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Section IV – Additional Organization Information Requested

1. Please provide the following financial information (or its equivalent) about your organization. The format of this information could be financial statements, year-end reports, or summaries of revenues and expenses. *If any of the information requested below is not available or not applicable, please state this fact in the space provided below.*

- I. Most recent balance sheet (financial position) available, including current cash balance;
- II. Most recent income statement (or list of revenues / expenses);
- III. Copy of income tax returns (Form 990, 990-EZ, or E-file) – for most recent two (2) years.

2. What other organizations are participating in this project? Which organization is principally responsible for implementing the project? Describe each organization's role in the project or event, including other possible sources of funds.

3. Provide any additional information that you feel may be helpful to the Clark County Community Foundation, Inc. in its review of this grant application:

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Section V - Grant Application Authorization and Signature:

Final Checklist to Complete this Grant Application:

- Is your Application complete?
- Have you selected each (all) Funds you wish to request funding from? (*Section II*)
- Have you enclosed your Project Budget and supporting information (if any)?
- Have you enclosed your Organization’s tax-exempt status documentation, financial information and tax returns?
- Do you have all required signatures?

ATTENTION: Incomplete or Late Grant Applications will NOT be considered for Funding.

I have been authorized by _____ (*Organization’s Name*) to complete this Grant Application requesting funding from the Clark County Community Foundation, Inc.

This authorization took place at the organization’s _____ (*monthly / Quarterly, etc.*) meeting on _____, 2018.

By our submission of this Grant Application, we (*the Applicant named above*) agree to spend any funds awarded as described in this proposal and to allow the Clark County Community Foundation, Inc. to verify the use of any such funds granted to us, upon their request.

We hereby agree to all the above criteria and we certify that all the information for this grant application is true to the best of our knowledge. We understand that all decisions of the Clark County Community Foundation Inc. are final and not subject to review or appeal. We further understand that any information provided in or with this application form may be shared with the Foundation’s Board of Directors, its officers and / or grant allocation committee members.

Organization Name: _____

Name of Authorized Signer: _____ **Title:** _____

Signature: _____ **Date:** _____

Completed Grant Applications must be received or postmarked on or before **November 15, 2018** at:

The Clark County Community Foundation, Inc.

Attn: Grant Application Committee
301 N. Main St
PO Box 116
Loyal WI 54446

Phone: 715-937-6167
Email: information@clarkccf.org
Website: www.clarkccf.org