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# Grant Application

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| This is a Word Document; should you need additional space to complete a question, you may expand the appropriate text box to meet your needs. Please contact the Foundation at 864.229.2143 or staff@greenwoodcf.org with any questions. |
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| Contact Information |
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| Organization’s Legal Name |  |
| Executive Director’s Name |  |
|  Email Address |  |
|  Office Phone |  |
| Program Coordinator’s Name |  |
|  Email Address |  |
|  Office Phone |  |
| Organization’s Street Address |  |
| City ST ZIP Code |  |
| (If different) Mailing Address |  |
| City ST ZIP Code |  |
| EIN (Fed Tax ID Number) |  |

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| Summary: Amount of the Grant Requested, Purpose of the Grant Requested  |
| Note requested amount; describe in a sentence or two the program to which the grant will be applied; is this a new or existing program? |
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## Before continuing, you may wish to confirm with the Foundation that your proposal fits appropriately within our granting guidelines. (864.229.2143, staff@greenwoodcf.org)

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| The Program for which you are requesting funding:  |
| Describe the problem or opportunity the Program addresses. |
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| What steps has your organization taken to assess the population affected by the problem or opportunity? How many people in Greenwood County are affected by this problem/opportunity? |
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| Summarize the program’s overall plan of activity to address the problem or opportunity. |
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| How is this program related to Greenwood County Community Foundation’s focus for this grant cycle? |
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| What other organizations or programs in Greenwood County address this problem or opportunity? |
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| How has your organization collaborated with these organizations? |
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| Identify the outcomes the organization is committed to achieving this year with this program. |
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| What measures will be used to demonstrate the impact of this program on the population served? |
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Attach the following (may be sent as attached files to staff@greenwoodcf.org):

\_\_ Organizational budget

\_\_ Program or project budget (Please specify how GCCF grant would be used, and include other

 anticipated sources of funding for this program or project)

\_\_ Most recent financial statement

\_\_ Proof of IRS tax-exempt status dated within the past five years

\_\_ Non-discrimination statement adopted by the Board of Directors

\_\_ Annual Report if available

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| The Organization requesting funding:  |
| What is the Mission Statement of your organization? |
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| Please provide a history of your organization’s work in Greenwood County. |
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| List the names (and affiliations) of all members currently on the organization’s Board of Directors. |
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| Please describe all current programs and services of the organization. |
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| **The following three questions are to assist the Foundation in its service to local organizations and do not weigh into the grant evaluation process.**Do your Board and staff reflect the demographic of Greenwood County? |
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| Does the organization have an endowment? What is your strategy for long-term funding? |
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| In what ways (in addition to direct monetary assistance) might the Greenwood County Community Foundation serve to strengthen the work of your organization? |
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| Agreement and Signature |
| By submitting this application, I affirm that the facts set forth in it are true and complete.  |
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| Name (printed) |  |
| Signature |  |
| Date |  |

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| Thank you for your grant application submission!Greenwood County Community Foundation929 Phoenix Street, Suite 16Greenwood, SC 29646864.223.1524Contact: staff@greenwoodcf.org |
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