

Steuben County Community Foundation Grant Application

Please type. If you recreate this on your computer, include all the requested information.

Contact Information

Applicant Organization's Name: _____

501 (c) 3: _____ OR _____ Other Public Charitable Purposes

Program or Project Name: _____

Executive Director (if none, Board President): _____

Program or Project Director: _____

Address, City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Website _____

Address: _____

Fiscal Agent's Name (if applicable): _____

Fiscal agent's 501 (c) 3 verification and letter of agreement enclosed

Program/Project Summary (no more than 100 words):

Problem or need the organization wants to address (no more than 100 words):

Project/program's value to the Steuben County Community (no more than 50 words):

Program/Project Period (Start and ending dates):

How will the outcomes of the program/project be measured? (no more than 50 words)

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What other funding resources for this program/project do you have? If you receive a grant this year for this program/project, how will you fund it in future years? (no more than 100 words)

| Amount Requested: | % of total project: | Geographic service area: |
|-------------------|---------------------|--------------------------|
| \$ | | |

****All amounts over \$5,000.00 will require providing a tax ID #**

| Applicant Organization's Area of Interest / Focus (check one): | | | |
|----------------------------------------------------------------|--------------------------------------|-----------------------------------------|-------------------------------------|
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Education | <input type="checkbox"/> Health | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Environment | <input type="checkbox"/> Human Services | <input type="checkbox"/> Other |

| Attachment Checklist (Include all except those with a ? which are optional) | | |
|-----------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Names / qualifications of staff | <input type="checkbox"/> Board list | <input type="checkbox"/> Other pertinent information? |
| <input type="checkbox"/> Program / project budget | <input type="checkbox"/> Copy of Mission Statement | <input type="checkbox"/> Brochure, clipping, etc.? |
| <input type="checkbox"/> Organization's current budget | <input type="checkbox"/> Strategic Plan | |

Submit a copy of your Strategic Plan

<http://www.steubenfoundation.org>
scf@steubenfoundation.org

It is the Policy of the Community Foundation to operate without discrimination as to age, race, color, religion, sex, National origin, ancestry, or disability in the overall administration of the Community Foundation and in the consideration of grant requests.

The Foundation acts as the leader of the philanthropic community, identifying and exploring important issues and concerns, addressing serious problems, and shaping effective responses.

