

2021 Fall Community Impact Grant Application

LaGrange County Community Foundation - Grants

Organization Information

The LaGrange County Community Foundation's Community Impact Grants are awarded based on a competitive application process. 501(c)(3) organizations serving LaGrange County are eligible to apply in six areas of interest: **arts & culture, community development, health & human services, recreation, environment, and education.**

Community Impact Grants Deadline	Notification of Grant Awards
April 1, 2021	June 2021
September 3, 2021	November 2021

Please review the grant guidelines before applying. Government agencies, public schools and churches are not eligible for grants for general operating expenses. Questions about the application or the foundation's grant program should be directed to Grants Manager Leanna Martin at lmartin@lccf.net or by calling 260-463-4363.

Organization's Year Founded*

Please provide the year your organization was founded.

Character Limit: 4

Organization's Annual Budget*

Please provide your organization's Annual Operating Budget.

Character Limit: 20

Organizational Endowment*

Does your organization have an endowment?

Choices

Yes

No

Organization's Endowment Fund

If your organization has an endowment fund, what is the current size of the fund?

Character Limit: 20

Organization's Funding Sources*

What are your top three funding sources?

Choices

Corporate Donations
Fees from Services
Grants from Foundations
Individual Donations
State/Federal Grants
Other

Organization's Mission*

What is your organization's mission?

Character Limit: 1500

Organization's History*

Tell us about your organization's history including a summary of recent charitable services in LaGrange County.

Character Limit: 3500

Organizational Status*

Please check the box that best describes your organization.

Choices

501(c)(3) nonprofit organization
Church without 501(c)(3) status
Government agency
Organization working with a fiscal sponsor
Public school
Other

IRS Document

Please provide a copy of your organization's IRS 501(c)(3) nonprofit determination letter.

File Size Limit: 2 MB

Organization's Board of Directors*

Please provide a complete list of your organization's Board of Directors and their principal occupations.

File Size Limit: 2 MB

Board President*

Name of your organization's Board President.

Character Limit: 100

Board President

Please provide the Board President's email address.

Character Limit: 254

Board President*

Please provide the Board President's occupation.

Character Limit: 100

Board President*

Please provide the Board President's phone number.

Character Limit: 100

Fiscal Sponsor*

Are you using a fiscal sponsor for this request?

Fiscal sponsorship refers to the practice of nonprofit organizations offering their legal and tax-exempt status to groups, typically projects, that engage in activities related to the sponsoring organization's mission.

Choices

Yes

No

Fiscal Sponsor (If Applicable)

Fiscal Sponsorship questions should only be filled out if you are working with a fiscal sponsor, meaning you do not have a nonprofit status of your own.

If you do NOT have a fiscal sponsor scroll to the bottom of this screen and hit the back button on your left, do NOT use the back button in your browser as you will lose all your previous inputted information.

Fiscal Sponsor Organization*

Character Limit: 250

Fiscal Sponsor Street Address*

Character Limit: 250

Fiscal Sponsor City*

Character Limit: 30

Fiscal Sponsor State*

Choices

Indiana

Michigan

Ohio

Illinois

Kentucky

Tennessee

Wisconsin
West Virginia
Other

Fiscal Sponsor Zip*

Character Limit: 9

Fiscal Sponsor Tax ID (Employee Identification Number)*

Character Limit: 20

Fiscal Sponsor Phone Number*

Character Limit: 15

Fiscal Sponsor IRS Determination Letter*

Please attach a copy of your fiscal sponsor's signed IRS 501(c)(3) nonprofit determination letter.

File Size Limit: 2 MB

Fiscal Sponsor Memo of Understanding*

Please attach a Memorandum of Understanding on your fiscal sponsor's letterhead signed by the organization's Executive Director or an authorized officer of the Board of Directors.

File Size Limit: 1 MB

Project Information

Project Name*

Character Limit: 100

Project Area*

Please choose one.

Choices

- Arts & Culture
- Community Development
- Education
- Environment
- Health & Human Services
- Recreation

Describe the project.*

Describe the basics of the project that you want to provide in LaGrange County.

Character Limit: 10000

What specific problem, challenge or need will be addressed?*

What specific problem, challenge or need in LaGrange County will you address with your project?

We want to understand the details behind your decision to offer this program or service. Describe the documented need and identify the source and method of this documentation.

Character Limit: 10000

How will this project address this need?*

Describe how this project will address this need and measurably improve the quality of life for the residents of LaGrange County. Please be specific.

Character Limit: 10000

Who are the key personnel that will manage this project?*

Describe their qualifications for this work.

Character Limit: 3500

References*

Please provide three (3) professional references, familiar with the work of your organization, but not on your present or past board and staff.

Character Limit: 3500

Partnership or Collaboration*

Who are the community organizations or agencies in LaGrange County with whom you have partnered?

Please provide specific examples. Describe how the project fosters collaboration with other successful entities in the community to achieve a common goal or objective.

Character Limit: 3500

Impact and Evaluation

LaGrange County Impact*

How many LaGrange County residents will benefit from this project?

Character Limit: 3500

Demographic being served.*

Provide a brief demographic of the population that will be served. What specific population are you targeting with your service?

Example: Elementary students, senior citizens, high school graduates.

Character Limit: 3500

How will you measure your success?*

Please share the measurable outcomes anticipated from this project and how you plan to evaluate the project's effectiveness? Include who will be involved in the evaluation and how the information will be used.

Character Limit: 3500

Proposed Start Date*

Character Limit: 10

Proposed End Date*

Character Limit: 10

Your Timeline*

What is your timeline of key actions for the project?

Character Limit: 3500

Why is this a good fit for the foundation?*

Why do you believe this project is a good fit for the LaGrange County Community Foundation?

Character Limit: 3500

Financial Information

Funding Request*

What is the amount you are requesting.

Do NOT include cents, please round your request amount to the nearest whole number.

Example:

\$3,425.32 would be rounded to \$3,425.00

If you are unsure, please contact the Grants Manager before submitting your application, 260-463-4363 or lmartin@lccf.net.

Character Limit: 20

Total Project Cost*

What is the total amount this project will cost?

Character Limit: 20

Project Grant Requests

List all grant requests to other organizations **specific to this project** that has been approved, pending, or denied.

Using the following format:

ORGANIZATION	REQUEST	APPROVED/PENDING/DENIED
ABC Foundation	\$ 5,000.00	Approved \$3,000.00
XYZ Foundation	\$ 2,000.00	Denied

You may separate this information with commas or spaces, a table is not necessarily needed and is not supplied.

Character Limit: 3500

Click here for Grant FAQ's and for an Example Budget.

Project Budget*

Please provide a full budget for the project.

This budget must include

- all planned revenue and expenses relevant to the specific request
- including all grant requests to other organizations that have been approved, are pending, or have been denied.

Requests with incomplete budget information will not be considered for an award.

File Size Limit: 2 MB

Operating Budget

Please provide the operating budget for the entire organization.

File Size Limit: 2 MB

Improvement or Equipment Request & Capital Needs*

Are you requesting funding for improvement, equipment or capital needs?

Choices

Yes

No

Improvement or Equipment Requests & Capital Needs

If you are requesting funding for capital needs or equipment, please attach two quotes or estimates. **Two quotes or estimates are required.**

Improvement or Equipment Requests & Capital Needs - Quote 1

Please note this is quote or estimate 1 of 2.

File Size Limit: 1 MB

Improvement or Equipment Requests & Capital Needs - Quote 2

Please note this is quote or estimate 2 of 2.

File Size Limit: 1 MB

Optional Documents

Applicants are encouraged, but not required to provide additional financial information that may better inform the LaGrange County Community Foundation Grants Advisory Committee and Board of Directors regarding your organization's financial needs.

Attach a statement of financial position.

File Size Limit: 2 MB

Attach a copy of your annual audit.

File Size Limit: 5 MB

Additional File (optional)

File Size Limit: 3 MB