

# IMPACT 100 – Owensboro Common \$100,000 Grant Application

## Section One

Focus area designation for your application (select one):

Culture     Education     Environment & Recreation     Family     Health & Wellness

---

---

### Organization Data

Applicant Organization (Legal Name): \_\_\_\_\_  
Doing Business As: \_\_\_\_\_  
Previous Name, *if changed*: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Email: \_\_\_\_\_ Web Site: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
IRS Name [*as listed on 501(c)(3) letter*]: \_\_\_\_\_  
IRS Letter Date: \_\_\_\_\_ Tax Exempt ID Number (EIN): \_\_\_\_\_  
Executive Director: \_\_\_\_\_ Direct Phone: \_\_\_\_\_  
Organization's Budgeted Expenses for Current Year: \_\_\_\_\_ Endowment Size: \_\_\_\_\_  
Organization's Major Funding Sources: \_\_\_\_\_

---

---

### Organization's Affiliation and/or Accreditation Body [*check all that apply*]

United Way                       Fine Arts Fund                       Better Business Bureau  
 Chapter of national or regional organization (specify): \_\_\_\_\_  
 Other (Specify): \_\_\_\_\_

---

---

### Request Data

Program/Project Title: \_\_\_\_\_  
**Total** Budget for this Program/Project \_\_\_\_\_ **NOTE:** The amount of this request is **\$100,000**  
Provide Name of Proposal **Contact Person** IF other than Executive Director:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Community/Counties to be served by this Program/Project: \_\_\_\_\_

---

**Brief** demographic description of population served by this Program/Project: \_\_\_\_\_

---

Potential Number to be served by this Program/Project: \_\_\_\_\_

---

### Type of Grant Request [*check all that apply*]:

Capital Expenditures                       Programming                       Endowment  
 Research & Development                       Collaborative Project/Program

*[Both signatures required unless otherwise specified by funder]*

Signature of Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Board President: \_\_\_\_\_ Date: \_\_\_\_\_

The narratives for **Sections Two** through **Six** should not exceed five pages. Responses must be typed; preferably single-spaced, single-sided and use a minimum of 12-point type. It will help clarify your narrative if you separate the sections with centered headings.

---

---

### **Section Two – Profile of Organization**

*[This should be a brief profile, preferably less than one page.]*

1. Give a brief summary of organization's history.
  2. Share the organization's vision/mission.
  3. Give a brief description of current programs/projects and activities.
  4. Describe organization's constituency and geographic region of service.
- 
- 

### **Section Three – Statement of Need**

1. Provide a statement of community need the proposed program/project is attempting to meet.
  2. Give evidence of that need.
  3. Share how this proposed program/project could complement or enhance the work/efforts of other organizations to respond to the needs you have identified.
- 
- 

### **Section Four – Proposed Program/Project Description**

1. Describe the proposed program/project, including at least:
    - a. Goals or objectives of the proposal
    - b. Activities to accomplish the program/project *[NOTE: Indicate whether this is a new or an expanded or modified program/project; if expanded or modified, identify how it increases your organization's outreach.]*
    - c. Timetable for implementation
  2. What is the life expectancy of the proposed program/project?
  3. Explain why your organization is especially qualified and appropriate to address this need or benefit.
  4. Describe the impact of this program/project on the community; include at least:
    - a. An estimate of the numbers of persons who could benefit
    - b. Outline of the geographic areas served
    - c. Benefit to the Greater Owensboro area
- 
- 

### **Section Five – Evaluation/Assessment**

1. How will you define and measure the success/impact of your program/project?
  2. How will you involve those your program/project serves/benefits in the assessment?
  3. How will you use and share the results of your assessments?
- 
-

## Section Six – Program/Project Funding Plans

1. List other funders to which **this current** proposal has been and will be submitted. For each funder, indicate amount requested and status of request, e.g., request will be submitted, is pending, was funded or was declined. If funded, specify amount of grant.
  2. What other funding do you anticipate for this current proposal? If any, describe. For example:
    - a. Earned revenue
    - b. In-kind support
    - c. Special events
    - d. Fundraisers
    - e. Other
  3. If this will be an ongoing program/project, describe plans and specific sources for future/long-term funding and – sources of sustainability.
- 
- 

## Section Seven – Required Financial Attachments

*[Items 1 – 5 **must** each be submitted and clearly identified.]*

1. Submit Statement of Revenue/Support and Expenses for your organization's most recently completed fiscal/calendar year *[see attached example, Form A]*.
2. Submit Balance Sheet for most recently completed fiscal year.
3. Provide your most recent, complete audit including auditor's notes. If the organization does not have an audit done, then send the most recent 990.
4. Send the budget for the current fiscal/calendar year including a column showing the organization's year-to-date status *[see attached example, Form B]*.
5. Submit the **Proposed Program/Project Budget** for your **entire** project *[see attached examples, Form C **or** Form D for Capital Requests]*. **IF** your project's budget is over \$100,000, clearly indicate which portions will be funded by the IMPACT 100 Grant. Also specifically indicate how you will fund the balance of the project.

*NOTE: Complete Item 6 if there will be ongoing expenses associated with your project which will increase the organization's operating budget by 20% or more, or if this is a new organization.*

6. Provide pro forma project budgets for the next three years. The purpose of the pro forma is to show how the organization plans to sustain the project.

**NOTE: If your existing financials are in a similar form as the attached example forms, they may be submitted instead.**

---

---

## **Section Eight – Required Non-Financial Attachments**

1. Include a copy of your IRS letter of determination 501(c)(3).
2. Provide names, affiliations and demographics of board members.
3. List key staff members and qualifications, or provide an organizational chart.
4. Include one or more examples of the following:
  - a. Annual reports
  - b. Organizational brochure
  - c. Sample newsletter
  - d. Program
5. Add letters of commitment from collaborating or supportive organizations, if appropriate.

**FORM A**  
**STATEMENT OF REVENUE/SUPPORT and EXPENSE for MOST RECENTLY**  
**COMPLETED FISCAL YEAR**

Name of Organization: \_\_\_\_\_

Time Period: \_\_\_\_\_

<b>REVENUE/SUPPORT</b>	
Corporate grants	
Foundation grants	
Government grants/contracts/per diem (identify)	
Contributions	
United Way	
Other federated campaigns (identify)	
Fine Arts Funds	
Membership dues	
Special events, fundraisers	
Sponsorships	
Admissions	
Sales, rent	
Revenue, tuition	
Investment income	
Interest, dividends	
Other	
Total Revenue/Support	
<b>EXPENSES</b>	
Salaries	
Employee benefits, taxes	
Professional fees	
Equipment, supplies, materials	
Telephone, utilities	
Postage, mailing	
Occupancy	
Insurance	
Training, staff development	
Travel	
Conferences	
Evaluations	
Other	
<b>Total Expenses</b>	
<b>Revenue less Expenses</b>	

**If expenses exceeded revenues/support, please explain. Accompanying narrative is welcome if additional explanation is warranted.**

**FORM B**  
**TOTAL ORGANIZATION BUDGET FOR CURRENT FISCAL YEAR**

Name of Organization: \_\_\_\_\_

Time Period: \_\_\_\_\_

REVENUE/SUPPORT	Budget for Year	Year-to-Date (specify date _____)
Corporate grants		
Foundation grants		
Gov't grants/contracts/per diem (identify)		
Contributions		
United Way		
Other federated campaigns (identify)		
Fine Arts Fund		
Membership dues		
Special events, fundraisers		
Sponsorships		
Admissions		
Sales, rent		
Revenue, tuition		
Investment income		
Interest, dividends		
Other		
Total Revenue/Support		
<b>EXPENSES</b>		
Salaries		
Employee benefits, taxes		
Professional fees		
Equipment, supplies, materials		
Telephone, utilities		
Postage, mailing		
Occupancy		
Insurance		
Training, staff development		
Travel		
Conferences		
Evaluations		
Other		
<b>Total Expenses</b>		
<b>Revenue less Expenses</b>		

**If expenses exceed revenues/support, please explain how difference will be offset. Accompanying narrative is welcome if additional explanation is warranted.**

**FORM C  
PROGRAM REQUEST BUDGET**

**Name of Organization:** \_\_\_\_\_

**Time Period:** \_\_\_\_\_

<i>Items typical for operating a program:</i>	
<b>REVENUES/SUPPORT</b>	<b>BUDGET</b>
Corporate grants	
Foundation grants	
Gov't. grants/contracts/per diem (identify)	
Contributions	
United Way	
Other federated campaigns (identify)	
Fine Arts Funds	
Membership dues	
Special events, fundraisers	
Sponsorships	
Admissions	
Sales, rent	
Revenue, tuition	
Investment income	
Interest, dividends	
Other	
Total Revenue Support	
<b>EXPENSES</b>	
Salaries	
Employee benefits, taxes	
Professional fees	
Equipment, supplies, materials	
Telephone, utilities	
Postage, mailing	
Occupancy	
Insurance	
Training, staff development	
Travel	
Conferences	
Evaluations	
Other	
<b>Total Expenses</b>	
<b>Revenue less Expenses</b>	

**If expenses exceed revenues/support, please explain how difference will be offset. Accompanying narrative is welcome if additional explanation is warranted; for example, an explanation of in-kind gifts.**

**FORM D  
CAPITAL REQUEST BUDGET**

**Name of Organization:** \_\_\_\_\_

**Time Period:** \_\_\_\_\_

<i>Items typical for capital project:</i>	
<b>REVENUES/SUPPORT</b>	<b>BUDGET</b>
Corporate grants	
Foundation grants	
Gov't. grants/contracts/per diem (identify)	
Contributions	
United Way	
Other federated campaigns (identify)	
Fine Arts Funds	
Membership dues	
Special events, fundraisers	
Sponsorships	
Admissions	
Sales, rent	
Revenue, tuition	
Investment income	
Interest, dividends	
Loans	
Tax credits	
Other	
<b>Total Revenue Support</b>	
<b>EXPENSES</b>	
Purchases	
Installations	
Site preparations	
Furnishings	
Professional fees	
Contingency	
Other	
<b>Total Expenses</b>	
<b>Revenue less Expenses</b>	

**If expenses exceed revenues/support, please explain how difference will be offset. Accompanying narrative is welcome if additional explanation is warranted; for example, an explanation of in-kind gifts.**



# TERMS OF GRANT AGREEMENT FOR IMPACT 100

1. Applicant agrees that any grant received from **IMPACT 100** will be expended for the explicit purposes described in the grant proposal. In the event grant monies are to be allocated for any other purpose, agreement must be obtained from **IMPACT 100**.
2. If a grant is received, applicant agrees to credit **IMPACT 100** in the manner identified by **IMPACT 100** in any publications (including annual reports, newsletters) press releases, brochures, videotapes, and other publicity or public relations materials and presentations.
3. Applicant agrees, following expenditure of any grant received, to return a follow-up report to **IMPACT 100**. An itemized budget is part of the report.

I, the undersigned, have read and understand the Terms of Grant Agreement, and, should a grant be received, agree to follow its terms and conditions.

\_\_\_\_\_  
Applicant Organization

By

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

**SUBMIT FIVE** complete copies of the application, including all attachments **and** one flash drive containing an electronic copy of the application, to the following address by **May 31 at 5 p.m.:**

Mary Embry, Edward Jones Investments  
3811 State Route 54, Suite 104  
Owensboro, KY 42303  
[mary.embry@edwardjones.com](mailto:mary.embry@edwardjones.com)