**IMPACT 100 NextGen – Owensboro**

**2019 Grant Application – Grant Amount $13,000**

**Section One**

**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 **$13,000** | | | | |
| 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: | | | | | | |  | | | | | |
| *[Both signatures required unless otherwise specified by funder]* | | | | | | | | | | | | |
| Signature of Executive Director: | | | |  | | | | | | | Date: |  |
| Signature of Board President: | | | |  | | | | | | | Date: |  |

The narratives for **Sections Two** through **Three** should not exceed three 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, one page or less.]*

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 – Proposed Program/Project Description** [no more than 2 pages]

1. Describe the proposed program/project, including at least:
   1. Goals or objectives of the proposal and community need and how it will benefit young people in our community.
   2. 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.]*
   3. 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:
   1. An estimate of the numbers of persons who could benefit
   2. Outline of the geographic areas served
   3. Benefit to the Greater Owensboro area

**Section Four – Required Financial Attachments**

1. Submit the **Proposed Program/Project Budget** for your ***entire*** project *[see attached example Form C for Capital Requests]*. ***IF*** your project’s budget is over $13,000, clearly indicate which portions will be funded by the IMPACT 100 NextGen Grant. Also specifically indicate how you will fund the balance of the project.

**Section Five – Required Non-Financial Attachments**

1. Include a copy of your IRS letter of determination 501(c)(3).
2. List key staff members and qualifications, or provide an organizational chart.
3. Include an example of one of the following:
   1. Annual reports
   2. Organizational brochure
   3. Sample newsletter
   4. Program

**Wish List for IMPACT 100 Website**

A WISHLIST will be posted on the IMPACT 100 website for one year for all ***qualified*** grant applicants. We will send out a form as soon as the finalists have been announced in August. Please be thinking of items large and small your organization needs. You can list generic items (such as “General office supplies,” “personal hygiene items” with examples) or specific items (“Refrigerator”, “Copier”, “Crayola Washable Crayons”). If you have a very specific item you need, such as a vehicle or particular copier, feel free to post a link address or a detailed description.

**For questions on the NextGen Grant Application, please contact one of the following members:**

**Joy Carroll** [***joycarroll2100@gmail.com***](mailto:joycarroll2100@gmail.com) **270.929.7896**

**Sarah Howard** [***sarah.howard9@hotmail.com***](mailto:sarah.howard9@hotmail.com) **502.472.2493**

**FORM C**

**PROGRAM REQUEST BUDGET**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Organization:** | |  | |
| **Time Period:** |  | |  |

|  |  |
| --- | --- |
| *Items typical for operating a program:* | |
| **REVENUES/SUPPORT** | **BUDGET** |
| 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 |  |
|  |  |
| **EXPENSES** |  |
| Salaries |  |
| Employee benefits, taxes |  |
| Professional fees |  |
| Equipment, supplies, materials |  |
| Telephone, utilities |  |
| Postage, mailing |  |
| Occupancy |  |
| Insurance |  |
| Training, staff development |  |
| Travel |  |
| Conferences |  |
| Evaluations |  |
| Other |  |
|  |  |
|  |  |
| **Total Expenses** |  |
| **Revenue less Expenses** |  |

**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. You may use a simplified version of this chart if preferred.**

**TERMS OF GRANT AGREEMENT**

**FOR IMPACT 100 NEXTGEN**

1. Applicant agrees that any grant received from ***IMPACT 100 NEXTGEN*** 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 NEXTGEN***.
2. If a grant is received, applicant agrees to credit ***IMPACT 100 NEXTGEN*** in the manner identified by ***IMPACT 100 NEXTGEN*** 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 NEXTGEN***. 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.

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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 **June 5th** at **5 p.m.:**

Mary Embry, Edward Jones

3811 KY 54, Suite 104

Owensboro, KY 42303

sarah.howard@germanamerican.com