**IMPACT 100 Next Gen – Owensboro**

**2018 Grant Application**

**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 **$10,000** | | | | |
| 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
   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 $10,000, clearly indicate which portions will be funded by the IMPACT 100 Next Gen 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

**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 NEXT GEN**

1. Applicant agrees that any grant received from ***IMPACT 100 NEXT GEN*** 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 NEXT GEN***.
2. If a grant is received, applicant agrees to credit ***IMPACT 100 NEXT GEN*** in the manner identified by ***IMPACT 100 NEXT GEN*** 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 NEXT GEN***. 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 1** at **5 p.m.:**

Sarah Howard, First Security Bank

313 Frederica Street

Owensboro, KY 42301

showard@firstsecurity.net