



Eau Claire

Community Foundation

For Good. For Eau Claire. For Ever.

306 S. BARSTOW ST., SUITE 104, EAU CLAIRE, WI 54701
715-552-3801 ~ FAX 715-552-3802

www.eccommunityfoundation.org

PROGRAM GRANT APPLICATION

GRANT APPLICATION DEADLINE: 5:00 P.M. MARCH 12, 2012

WHEN PREPARING YOUR APPLICATION PLEASE FOLLOW THESE GUIDELINES:

- See *Grant Guidelines* at our website when preparing this application. Applicants are encouraged to discuss their project with the Foundation staff prior to the deadline in order to learn if the request meets the Foundation's granting guidelines.
- Type the information requested by this 4-page application, which can be downloaded from our website. Handwritten applications will not be accepted. If you have problems using the application downloaded from the website, call the Grants Coordinator at 715-552-3801.
- Prepare a one-page cover letter that provides a brief introduction to your organization and a brief summary of the Program for which you are applying for funding, and include copies of this letter in the assembled grant application packet.
- Submit **the original plus fourteen (14) copies** of your proposal each assembled in the following order: cover letter, completed application which describes the Program Information, Financial Analysis, Additional Information about Your Organization, and Description of Your Program. Staple and punch for 3-hole binders. Do not include promotional materials from previous projects. Do not use report covers or binders.
- Submit **only one** copy of each of the documents listed in the Attachments section on page 4.
- Review this list one more time to make sure you have included everything and that your application complies with the guidelines.
- Mail or deliver your materials to the above address. **Fax or electronic submissions are not accepted.**

APPLICANT INFORMATION:

DATE SUBMITTED: _____

Organization Name: _____ EIN: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Fax: _____ E-Mail Address: _____ Organization Website: _____

What is the Mission of your organization?

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PROGRAM INFORMATION:

Name of Program for which you are requesting funding: _____

Area impacted by this asset purchase or improvement: ___ *Arts/Culture* ___ *Education* ___ *Environment* ___ *Recreation* ___ *Social Services*

What do you plan to do with the grant? (Please give a brief explanation here)

Is this a new or ongoing project? New ___ Ongoing ___

If applicable: Program Start Date: _____ Program End Date: _____

Total Program Expenses: \$ _____ Amount Requested of the Eau Claire Community Foundation: \$ _____

How many people will this project serve? Directly _____ Indirectly _____ Please explain how you arrived at these numbers:

Date you need the funding: _____

Geographic area served: _____

Programs or purchases previously funded through the Community Foundation:

Date:	Grant amount:	Project:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL INFORMATION:

SOURCES OF FUNDING FOR THIS PROGRAM—LIST ALL THAT YOU ANTICIPATE APPLYING FOR

INCOME SOURCE	SECURED FUNDING	+	FUNDING APPLIED FOR	=	TOTALS
EC Community Foundation	\$ _____	+	\$ _____	=	\$ _____
Other Foundations	\$ _____	+	\$ _____	=	\$ _____
Corporations	\$ _____	+	\$ _____	=	\$ _____
Other (specify)	\$ _____	+	\$ _____	=	\$ _____
TOTAL:					\$ _____

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PROGRAM EXPENSES

Cost of materials, staff, overhead, etc. \$ _____
 Financing costs (if any) \$ _____
 Other (specify) \$ _____ Describe _____

TOTAL: \$ _____

If your request is not fully funded by the Eau Claire Community Foundation, how will you finance your program?

ADDITIONAL INFORMATION ABOUT YOUR ORGANIZATION:

Year of Incorporation: _____

Is your organization an IRS 501(c)(3) not-for-profit? Yes ___ or No, we are using another organization as fiscal agent ___ or Pending Approval ___

Is your organization name the same as it appears on your IRS Letter of Determination? If not, explain. Yes ___ No ___

Organizational fiscal year: _____ Total annual budget: _____

Has this program been authorized by your agency's governing board: Yes ___ No ___

Has your governing board approved a policy which states that your organization does not discriminate on the basis of race, ancestry, color, age, familial status, handicap, religion, gender, sexual orientation, marital status, lawful sources of income, national origin, or any other discriminatory practice prohibited by state or federal law? Yes ___ No ___

We certify that the information provided in this application is correct to the best of our knowledge. We understand that additional information may be required by the Community Foundation to aid the Grant Review Committee members in their review of this request. We are available to answer your questions.

Executive Director/Board President:

Contact Person:

Print Name

Print Name

Signature of Executive Director/Board President

Signature of Contact Person

Date: _____

Date: _____

****Applications for programs in close partnership with schools also require the signature of the Administrator:*

Print Name

Name of District

Signature

Title

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DESCRIPTION OF YOUR PROGRAM:

Using separate sheets of paper, type your answers to the following questions, in order and numbering your answers to correspond to the questions. Please limit to three typewritten, numbered pages.

1. How does this proposal fit within the granting guidelines and the mission of the Eau Claire Community Foundation?
2. How does this proposal fit within the mission of your organization?
3. List other organizations participating in the program and describe their roles and include letters of support from those organizations.
4. Is there community support for this program? If so, please describe.
5. Does your program address an important need of the community?
6. How does your program seek to address this critical need?
7. Is the program sustainable without future funding from the Eau Claire Community Foundation?
8. How many people will be impacted by this program and how did you determine that number?
9. Explain how you will measure the effectiveness of your program. Please describe or illustrate evaluation tools and methods.
10. How will the program be staffed?
11. Have you worked with this targeted population in the past?
12. How are volunteers used in this program?

REQUIRED ATTACHMENTS: INCLUDE ONLY ONE COPY OF EACH OF THE FOLLOWING DOCUMENTS

1. Copy of tax exempt status letter from IRS or Government Certificate of exemption from public schools.
2. Most recent annual financial statement, independently audited, if available.
3. Current year operating budget including expenses and revenues.
4. List of current Board of Directors or equivalent governing body members.
5. Letters of support are required if another organization or individual is integral to the completion of the project and/or is a fiscal sponsor.

Please note:

As part of the due diligence of the Eau Claire Community Foundation in reviewing grant applications, we will check the charitable status of your organization on this website: <http://www.irs.gov/charities/article/0,,id=96136,00.html>

[IRS Revenue Procedure 2011-33](#) sets forth reliance rules that permit a grantor to rely on a listing of charitable status found in IRS [Publication 78](#) or the [Business Master File](#) unless a public announcement is made stating that the organization is no longer a charitable organization. The IRS list of charities whose status was revoked due to failure to file Form 990 is a public announcement. It is for this reason that ECCF added checking the list of revoked charities for failure to file as a new step to our due diligence process.