2024 GRANT APPLICATION OVERVIEW

Cover Page

- Name of Organization
- Address
 - Street Address
 - o City
 - State
 - o Zip Code
- · Phone Number
- Fax Number

Attachments

- Please upload your Project Budget
- Please upload a copy of your organization's current year operating budget with a breakdown of revenue by:
 - Fees for service
 - o Membership fees
 - State and federal grants
 - o State and federal reimbursement programs
 - Local (county or city) funding
 - United Way support
 - Charitable contributions
- Please upload a copy of your most recent financial statement (audited statements if available)
- Please upload names and principal occupations of your Board of Directors
- Please upload the evidence that this application has the approval of your Board of Directors (a copy of the minutes of the Board of Directors meeting)
- Please upload a copy of your organization's 501(c)(3) tax-exempt ruling from the Internal Revenue Service
- Will your program be conducted at a facility not controlled by your organization?

Project Narrative

- State the mission of your organization including the date founded. (max. 100 words)
- Provide a brief overview of the major programs your organization offers. (max. 400 words)
- Number of staff members
- What percentage of your Board contributes to your organization annually?

- What is the average size of your Board giving?
- Describe current collaborations with other nonprofit organizations. (max. 400 words)
- Describe the specific community need you will address. (max 200 words)
- Describe in detail how the proposed project will benefit your organization and/or the community. (max 400 words)
- Identify the specific population that will be served by this grant including the number of persons served and demographic information including, but not limited to, age, gender, race, economic background, and/or other characteristics such as individuals with disabilities:(max. 400 words)
- Describe in detail the project's goals, objectives, and outcomes. (max. 400 words)
- Describe the timeline for completion of your project. (max. 100 words)
- If other organizations (s) are collaborating on this project, please list them along with their role(s).
- Describe your plan to sustain the project once the grant dollars have been expended. We are looking for a specific plan. If the grant is for equipment, please indicate the expected life of the equipment and plans for future replacement if necessary. (max. 400 words)
- Describe how your organization will highlight and amplify the impact of this grant and the partnership with the Porter County Community Foundation to your constituents and community

If you have additional questions, please contact Porter County Community Foundation by calling 219-465-0294 or by emailing info@pccf.gives. Our office hours are Monday through Thursday 8:00 am to 4:30 pm and Friday from 8:00 am to noon. We are located at 1401 Calumet Avenue, Valparaiso, IN 46383.

Strengthening our community through lasting generosity and leadership.