

# KREMC Operation Round Up Application Preview

---

## *Kosciusko County Community Foundation*

### *Application Preview*

---

This preview of the **Kosciusko REMC Operation Round Up Grant Application** is to be used for draft purposes only. The Community Foundation does not accept paper applications. You must submit your application through our online grant application portal.

If you have questions regarding the application process, please contact the Community Foundation at 574-267-1901.

### *Organization Information*

---

*In this section, you will be asked to provide **general** information about your organization.*

#### **Organization Type\***

Please select your organization type.

##### **Choices**

501(c)(3) Charitable Organization  
Church  
Governmental Organization  
School

#### **Organization Overview\***

Please provide a brief overview of the organization. Include principal services, purpose and mission.

*Character Limit: 500*

#### **Population Served by Organization\***

What population(s) does your organization typically serve?

*Character Limit: 250*

### *Grant Proposal*

---

*In this section, you will need to provide more **specific** information about the project for which you are seeking grant funding.*

**Project Summary:**

**Project Name\***

*Character Limit: 100*

**Description\***

Please provide a **brief** summary of the project/program for which you are requesting funds.

*Character Limit: 500*

**Program Area\***

Please select the program area to which you think your project can be best categorized.

**Choices**

- Arts & Culture
- Civic
- Education
- Environment
- Health
- Human Services
- Recreation

**Describe your project in more detail:**

**What is the need?\***

Please explain or describe the need for this project. And, what sources can you cite to verify this need using statistics, regulations, surveys, etc?

*Character Limit: 500*

**How will you meet the need?\***

Describe how this project addresses the identified need. *This is an opportunity for you to explain in more detail how your project will work.*

*Character Limit: 500*

**Who will implement the project?\***

Explain the organization's ability to carry out this project. Who specifically will implement the project and what are their qualifications?

*Character Limit: 500*

**Collaborations & Partnerships\***

Describe any collaborations, partnerships, and/or joint ventures as it relates to this project. Explain what role they will have (funder, collaborator, service provider, etc.).

*Character Limit: 500*

### Project Timeline

Please tell us the start and end date of your project. It is important to note that grant awards are announced approximately nine weeks after the deadline. Requests for expenses that will be incurred prior to grant approval will receive low priority and are unlikely to receive funding.

#### Start Date\*

Character Limit: 10

#### End Date\*

Character Limit: 10

### Timeline Comments

If you need to provide additional information regarding your project timeline, please use this space.

Character Limit: 500

### Explain the expected benefits of this project:

#### Total Served\*

Approximately how many people will be served, benefited or impacted by this project?

Character Limit: 6

#### Kosciusko County Residents Served

Of those being served, how many are Kosciusko County residents?

Character Limit: 5

#### Population Served by Project\*

Please select the primary population that your program/project will serve.

##### Choices

- General Public
- Infant/Babies
- Children/Youth
- Adults
- Elderly
- Disabled
- Minorities
- Females
- Males
- Low Income
- Other

#### Other Population

If you selected "other" from the drop down list, please specify.

*Character Limit: 100*

**Age Range\***

What is the approximate age range of those being served?

*Character Limit: 7*

**Region\***

Please select the primary region being served by this project.

**Choices**

- Multi County
- County Wide
- Leesburg
- Mentone
- Milford
- North Webster
- Pierceton
- Silver Lake
- Tippecanoe Valley
- Warsaw
- Wawasee
- Winona Lake
- Other

**Other Region**

If you selected "other" from the drop down list, please specify.

*Character Limit: 100*

**Impact Assessment\***

How will you measure and assess the benefit and/or impact of your project?

*Character Limit: 500*

**Final Report Requirement\***

A final report is required to be submitted to the Community Foundation within one year of the grant award. Will you fulfill this reporting requirement?

**Choices**

- Yes
- No

## *Budget Information*

---

### **Project Expenses**

Please provide a breakdown of ALL expenses required for this project.

#### **Expense items to be covered by this grant:**

If additional space is needed, please combine like items on one line.

#### **Grant Expense 1\***

*Character Limit: 100*

#### **Cost of Grant Expense 1\***

*Character Limit: 20*

#### **Grant Expense 2**

*Character Limit: 100*

#### **Cost of Grant Expense 2**

*Character Limit: 20*

#### **Grant Expense 3**

*Character Limit: 100*

#### **Cost of Grant Expense 3**

*Character Limit: 20*

#### **Expense items to be covered by other funding sources:**

If additional space is needed, please combine like items on one line.

#### **Other Expense 1**

*Character Limit: 100*

#### **Cost of Other Expense 1**

*Character Limit: 20*

#### **Other Expense 2**

*Character Limit: 100*

#### **Cost of Other Expense 2**

*Character Limit: 20*

#### **Other Expense 3**

*Character Limit: 100*

### **Cost of Other Expense 3**

*Character Limit: 20*

#### **Total Cost of the Project**

*This amount should equal the total income reported below.*

#### **TOTAL EXPENSES\***

Enter the sum of all expenses listed above.

*Character Limit: 20*

#### **Project Sources of Income**

Please provide a breakdown of ALL sources of income for this project.

#### **Amount Requested\***

*Character Limit: 20*

#### **Your organization's contribution\***

*If none, please enter 0.*

*Character Limit: 20*

#### **Amount from other sources\***

*If none, please enter 0.*

*Character Limit: 20*

#### **Other sources of income**

Please list other sources of income. Examples include other grants, business contributions, private donations, etc.

*Character Limit: 250*

#### **Total Income for the Project**

*This amount should equal the total expenses reported above.*

#### **TOTAL INCOME\***

Enter the sum of all income listed above.

*Character Limit: 20*

## If this project does not receive Operation Round Up funding, how will you proceed?\*

*Character Limit: 250*

### 501(c)(3) Attachments

---

**Charitable organizations must upload the following documents:**

*(accepted formats include: PDF and Word)*

- IRS Determination Letter
- Board of Directors list with names and town/city of residence
- Staff list with names and town/city of residence
- Financial Documents

#### IRS Determination Letter\*

*File Size Limit: 1 MB*

#### Board of Directors List\*

*File Size Limit: 1 MB*

#### Staff Member List\*

If your organization has a large number of employees, please only include those who will be working on this particular project. If your organization does not have any paid staff, please upload your board list again.

*File Size Limit: 1 MB*

#### Financial Documents\*

A copy of your organization's most recent 990 is preferred. If this is not available, please upload a copy of financial documents such as a Statement of Financial Position and Statement of Activities.

*File Size Limit: 8 MB*

**Not sure which financial documents to include?** Examples of a Statement of Activities and a Statement of Financial Position can be found on our website at <https://kcfoundation.org/community-funds/>.

## Church or Government Attachments

---

**Churches and Governmental Organizations must upload the following documents:**

*(accepted formats include: PDF and Word)*

- Board of Directors list with names and town/city of residence
- Staff list with names and town/city of residence
- Financial Documents

### **Board of Directors List\***

*File Size Limit: 1 MB*

### **Staff Member List\***

If your organization has a large number of employees, please only include those who will be working on this particular project. If your organization does not have any paid staff, please upload your board list again.

*File Size Limit: 1 MB*

### **Financial Documents\***

Please upload a copy of financial documents such as a Statement of Financial Position and Statement of Activities.

*File Size Limit: 8 MB*

**Not sure which financial documents to include?** Examples of a Statement of Activities and a Statement of Financial Position can be found on our website at <https://kcfoundation.org/community-funds/>.

## School Attachments

---

**Schools must upload the following documents:**

*(accepted formats include: PDF and Word)*

- School Board list with names and town/city of residence
- Staff list with names and town/city of residence

### **School Board List\***

*File Size Limit: 1 MB*



### Staff Member List\*

If your organization has a large number of employees, please only include those who will be working on this particular project. If your organization does not have any paid staff, please upload your board list again.

*File Size Limit: 1 MB*

## Certification

---

### Certification

The information contained in this application is for the purpose of obtaining funding from the Kosciusko REMC Operation Round Up Fund on behalf of the undersigned. The undersigned understands that the information provided is true and complete and that the Kosciusko REMC Operation Round Up Fund may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Kosciusko REMC Operation Round Up Fund is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. It is understood that all the information herein will be kept in the strictest of confidence by the Kosciusko REMC Operation Round Up Fund Advisory Committee.

### Electronic Signature\*

*Enter your name to confirm your electronic signature.*

*Character Limit: 250*

### Publicity Agreement\*

For publicity purposes, my identity may be revealed.

#### Choices

Yes

No

## Authorization Signature

---

**Two signatures are required in addition to the applicant's electronic signature. The signatures indicates that they have reviewed the grant request and agree to its submission.**

To complete this section, download the **Authorization Signature Form** to collect signatures from your organization's director and a board officer. You should complete the top section of the form using responses from this application before collecting the required signatures.

Please note that the person providing their authorization will depend on the type of organization:

- Schools will need to provide a signature from a building principal or superintendent and a board officer.
- Charitable organizations will need to provide a signature from the Executive Director and a board officer.
- Governmental organizations will need to provide a signatures from an elected official such as the City Mayor, County Councilman, Township Trustee or Town Board Member.

**To access and download the Authorization Signature Form, please click on the following link:** Authorization Signature Form

### **Authorization Signature Form Upload\***

Please upload your completed Authorization Signature Form.

*File Size Limit: 1 MB*