

# Go Forward!

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## *Kosciusko County Community Foundation*

### *Application Instructions*

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*Go Forward!* grants are awarded based on a competitive grant application process to towns that received strategic plans from the recent Forward Kosciusko initiative. Before applying, please contact Alex Hall, Vice President of Programs at the Community Foundation, at 574-267-1901 or [alex@kcfoundation.org](mailto:alex@kcfoundation.org).

For more information about the *Go Forward!* grant initiative, including [Grant Guidelines](#), please visit our website at <https://www.kcfoundation.org/goforward>.

Please complete all required (\*) questions in each section of this application. Applications and all required materials should be **submitted by 4:30 pm on Tuesday, January 17, 2023**. Applicants can expect to be notified of a decision by mid-March 2023.

**Before you begin**, please take a moment to verify the contact information on your user profile. If you need to make changes, you will be given the opportunity to do so in the Contact Information sections below.

#### **Applicant Contact Information\***

Is your contact information at the top of this page correct?

##### Choices

Yes

No

#### **Organization Contact Information\***

Is your town's contact information at the top of this page correct (under **Organization**)?

##### Choices

Yes

No

### *Applicant Contact Information*

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**Please complete only the fields that need to be updated.** Community Foundation staff will update your profile after the grant application deadline.

### **Applicant Prefix**

(Mr., Mrs., Ms., etc.)

*Character Limit: 15*

### **Applicant First Name**

*Character Limit: 25*

### **Applicant Last Name**

*Character Limit: 25*

### **Applicant Business Title**

*Character Limit: 50*

### **Applicant E-mail**

*Character Limit: 254*

### **Applicant Phone Number**

Please format at 574-267-1901 x100.

*Character Limit: 20*

### **Applicant Phone Type**

#### **Choices**

Office

Cell

Home

## *Organization Contact Information*

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**Please complete only the fields that need to be updated.** Community Foundation staff will update the town's profile after the grant application deadline.

### **Town Name**

*Character Limit: 75*

### **Town Phone Number**

Please format as 574-267-1901.

*Character Limit: 12*

### **Town Mailing Address**

*Character Limit: 100*

### **Town Mailing Address 2**

*Character Limit: 100*

## State

*Character Limit: 75*

## Zip Code

*Character Limit: 5*

**Please provide the contact information for your town's manager, if it is not you:**

## Town Manager's Prefix

(Mr., Mrs., Ms., etc.)

*Character Limit: 15*

## Town Manager's First Name

*Character Limit: 50*

## Town Manager's Last Name

*Character Limit: 50*

## Town Manager's E-mail

*Character Limit: 254*

## Town Manager's Phone Number

If different from the organization's phone number provided above.

*Character Limit: 20*

## Town Manager's Phone Type

### Choices

Office

Cell

Home

## *Application Cover Sheet*

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### **Project Name\***

Please create a short title for your grant request. This name may be altered by KCCF staff during the review process.

*Character Limit: 250*

## Grant Proposal

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

### Pre-Grant Inquiry\*

**Please discuss your proposal with a member of our program staff prior to submitting your application.** Please contact Alex Hall at alex@kcfoundation.org or 574-267-1901.

On what date did you communicate with our staff regarding your grant request?

*Character Limit: 10*

### 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: 3000*

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

How does this project align with the goals of your town's Forward Kosciusko strategic plan? *This is an opportunity for you to explain in detail what your project is and how it will work.*

*Character Limit: 3000*

### Forward Kosciusko Priority/Goal\*

From your community's final plan found on Forward Kosciusko's website, copy and paste the identified priorities that this project meets. Refer to each plan's "Section Four: Guide" and "Section Five: Act" for this question. Please include the section and page number. The final plans for each town can be viewed here: <https://www.forwardkosciusko.com/finalplans>

*Character Limit: 1000*

### Who will implement the project?\*

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

*Character Limit: 3000*

### 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: 2000*

### Project Timeline

Please tell us the start and end date of your project. It is important to note that grant awards will be announced in mid-March 2023. **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: 2000*

### Explain the expected benefits of this project:

### Impact Assessment\*

How will you measure and assess the benefit and impact of your project? Some examples may include follow-up assessments or benchmarks by which you can chart your progress.

*Character Limit: 3000*

### 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**? This may be the same as the "total served" answer if your question does not impact individuals outside of the county.

*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*

### Past or current efforts to meet the identified need:

#### Past and Current Efforts\*

If any, describe past and current efforts within the community to address the identified needs, *including efforts by other organizations.*

*Character Limit: 2000*

#### How does your project differ?\*

If there have been past or current efforts to address the need, how does your project differ? What effort will be made to work cooperatively with organizations already addressing the need?

*Character Limit: 2000*

### Grant Communication:

#### Public Relations\*

What public relations methods will be used to communicate to your residents, supporters, partners, etc. any grant support you receive from the Community Foundation?

*Character Limit: 2000*

### Final Report Requirement\*

A final report is required to be submitted to the Community Foundation at the end of your project and before the end of the grant period (December 2024). Will you fulfill this reporting requirement?

#### Choices

Yes

No

## Budget Information

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Please complete a **Grant Budget Worksheet** to provide detailed information regarding your project budget. Once you have completed the worksheet, upload a copy below and answer the questions under *Project Budget Summary*.

Grant Budget Worksheet (PDF)

A **Word** version of this form can be downloaded from our website at <https://www.kcfoundation.org/goforward>.

### Grant Budget Worksheet Upload\*

Please upload your completed Grant Budget Worksheet.

*File Size Limit: 5 MB*

### Project Budget Summary

Please enter the amounts provided in the corresponding boxes on your Grant Budget Worksheet.

### Total Expenses\*

From Box 1. on Grant Budget Worksheet. *This amount should equal the Total Financial Support reported below.*

*Character Limit: 20*

### Amount Requested from KCCF\*

From Box 2. on Grant Budget Worksheet. *This amount should be rounded to the nearest whole dollar.*

*Character Limit: 20*

### Total Financial Support\*

From Box 3. on Grant Budget Worksheet. *This amount should equal the Total Expenses reported above.*

*Character Limit: 20*

### Additional Supporting Documentation

Upload any renderings, quotes, pictures, documentation, etc. that may be relevant and would assist the *Go Forward!* committee in their review of your request.

*File Size Limit: 10 MB*

## Certification

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### Certification

The information contained in this application is for the purpose of obtaining funding from the Kosciusko County Community Foundation *Go Forward!* grant initiative on behalf of the undersigned. The undersigned understands that the information provided is true and complete and that the Kosciusko County Community Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Kosciusko County Community Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

### Electronic Signature\*

*Enter your name to confirm your electronic signature.*

*Character Limit: 250*

### Permission to Share Request\*

Do we have permission to share this request with other funders including donors who advise funds held by the Community Foundation?

#### Choices

Yes

No

### Publicity Agreement\*

For publicity purposes, my organization's identity may be revealed.

#### Choices

Yes

No



## Authorization Signature

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Two authorization signatures are required to submit this application. The signature indicates that the person has reviewed the grant request and agrees to its submission.

To complete this section, download the Authorization Signature Form below and complete the top section of the form using responses from this application.

<https://www.kcfoundation.org/wp-content/uploads/2020/07/Grant-Authorization-Signature-Form.pdf> Authorization Signature Form (PDF)

A **Word** version of this form can be downloaded from our website at <https://www.kcfoundation.org/goforward>.

### Authorization Signature Form Upload\*

Please upload your completed Authorization Signature Form.

*File Size Limit: 2 MB*

## Attachments

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Towns must upload the following documents:

*(accepted formats include: PDF and Word)*

- Town Council member list with officer titles (if applicable)
- Staff list with names, titles, and town/city of residence
- Town Council Letter of Support

### Town Council Member List

Please include the title of each individual, if applicable (i.e., President, Chair, Member, etc.)

*File Size Limit: 2 MB*

### Staff Member List\*

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

*File Size Limit: 2 MB*

### Town Council Letter of Support\*

Please upload a letter signed by a member of your Town Council verifying their support of this project and application.

*File Size Limit: 4 MB*

