Community Funds: March 2024 Cycle

Kosciusko County Community Foundation

Application Instructions

The Kosciusko County Community Foundation accepts grant applications from charitable organizations serving Kosciusko County residents. Grant awards are announced approximately nine weeks following each deadline. If you have any questions throughout the application process, please call the Community Foundation at 574-267-1901.

Please reach out to a member of our grant program staff prior to submitting your application to set up a time to discuss your proposal.

Please complete all required questions below. Completed applications and required attachments must be submitted by **4:30 p.m. on the due date** in order to be considered for funding by the grant committee.

Pre-Grant Inquiry*
On what date did you communicate with our staff regarding your grant request?

Character Limit: 10

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 organization's contact information at the top of this page correct?

Choices
Yes
No

Grant Correspondence Mailing Address*
Is the organization's address shown above the preferred mailing address for grant correspondence?

Choices

Yes
No

Applicant Contact Information

Please complete 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

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

Organization Name

Character Limit: 150

Organization Phone Number

Please format as 574-267-1901.

Character Limit: 12

Organization Mailing Address

Character Limit: 100

City

Character Limit: 75

State

Character Limit: 75

Zip Code

Character Limit: 5

Please provide the contact information for your organization's director:

Director Prefix

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

Character Limit: 15

Director First Name

Character Limit: 50

Director Last Name

Character Limit: 50

Director Business Title

Character Limit: 75

Director E-mail

Character Limit: 254

Director Phone Number

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

Character Limit: 20

Director Phone Type

Choices

Office
Cell
Home

Grant Correspondence

Grant correspondence should be mailed to the address below:

Preferred Mailing Address for Grant
Character Limit: 100

City
Character Limit: 75

State
Character Limit: 75

Zip Code
Character Limit: 5

Application Cover Sheet

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: 100

Amount Requested from Community Funds*
Character Limit: 20

Organization Type

Organization Type*
Please select your organization type.

Choices
501(c)(3) Charitable Organization
Church
Governmental Organization
Private School
Public School

Organization Information

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

History*

Please provide a brief history of your organization including when it was established.

Character Limit: 2000

Mission & Services*

Please describe your organization's principal services, purpose and mission statement.

Character Limit: 2000

Population Served by Organization*

What population(s) does your organization typically serve?

Character Limit: 500

Affiliations*

Please list any corporate ownership, formal affiliations or fiscal sponsors.

Character Limit: 2000

Grant Proposal

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

Project Summary:

Description*

Please provide a **brief** summary of the project/program.

Character Limit: 200

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?*

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

Character Limit: 3000

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: 3000

Collaborations & Partnerships*

Describe any other organizations or individuals that you will collaborate or partner with to complete this project/program. Explain what role they will have (funder, collaborator, service provider, etc.).

Character Limit: 2000

Past and Current Efforts*

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

- How does your project differ from these past or current efforts?
- What effort will be made to work cooperatively with organizations already addressing the need?

Character Limit: 3000

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. Any expenses incurred prior to grant approval will not 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:

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**?

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
Akron
Atwood
Burket
Claypool
Etna Green
Leesburg
Mentone
Milford
North Webster
Pierceton
Silver Lake
Syracuse
Tippecanoe Valley
Warsaw
Wawasee
Winona Lake
Other

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

Character Limit: 100

Feedback/Evaluation*
How do you receive feedback from those that you serve or that would be benefitted by a grant award?

Character Limit: 1000

Benefit to Organization*
How will your organization benefit?

Character Limit: 2000

Grant Communication:

Public Relations*
What methods will be used to communicate to your donors, members, supporters, etc. any grant support you receive from the Community Foundation?

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 Budget Summary

If you've applied to Community Funds before, the tables below replace the Grant Budget Worksheet PDF you previously had to complete.

Itemized Expenses

Please use this table to list your expenses related to this proposal, even if you do not plan to use Community Funds grant dollars to cover the expense(s).

Remember: Any expenses incurred prior to the grant approval date are not eligible for reimbursement.

	Expense Description (Combine like items on one row if more room is needed.)	Amount	Percent of Total Budgeted Expenses	Will you use KCCF grant money to fund this item?
1				
2				
3				
4				
5				

6				
7				
8				
9				
10				

Total Expenses*

This amount should equal the sum of the Itemized Expenses reported above.
It should __also equal__ the Total Financial Support reported below.

Character Limit: 20

Sources of Financial Support

Please use this table to list the entities and organizations providing financial support related to this proposal.

Type of Funding	Description of Source of Funding	Amount	Percent of Total Revenue	Is this funding Pending or Secured?
AMOUNT REQUESTED FROM KCCF				
Federal/City/State Governments				
Other Foundations (1)				

Other Foundations (2)				
Public Contributions/Donations (Specify) (1)				
Public Contributions/Donations (Specify) (2)				
Loans				
Your Organization's Contribution				
Other (1)				
Other (2)				

Total Financial Support*

This amount should equal the sum of the Sources of Financial Support including the amount requested from KCCF.
This amount should also equal the Total Expenses reported above.

Character Limit: 20

Partial Funding or Denial*

If this project receives partial funding or is denied, how will you proceed?

Character Limit: 1000

Certification

Certification

The information contained in this application is for the purpose of obtaining funding from the

Kosciusko County Community Foundation Community Funds 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

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 **Grant Authorization Signature Form** and complete the top section of the form using responses from this application, collect the appropriate signatures, and upload the completed form below.

Please note that the person providing their authorization will depend on the type of organization, as indicated on the form.

Grant Authorization Signature Form (Fillable PDF)

Authorization Signature Form Upload*
Please upload your completed Authorization Signature Form.

File Size Limit: 2 MB

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 that denotes who holds officer positions
- Staff list with names and town/city of residence
- Financial Documents

Private School Attachments

Private schools 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

School Name*

Please select your school from the drop down list below.

If your project will impact students at multiple schools within the same school corporation, please select the school corporation.

Choices

Greater Warsaw Cooperative Preschool
Lakeland Christian Academy Association
Lakeland Christian Academy Association - Primary School
Lakeland Christian Academy Association - Secondary School
Sacred Heart Catholic School
Other

Other School Name

If you selected "other" from the drop down list, please enter your school name below.

Character Limit: 50

Government & Church Attachments

Churches and Governmental Organzations 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

Public 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 Name*

Please select your school from the drop down list below.
If your project will impact students at multiple schools within the same school corporation, please select the school corporation.

Choices

Akron Elementary School
Claypool Elementary School
Edgewood Middle School
Eisenhower Elementary School
Gateway Education Center
Harrison Elementary School
Jefferson Elementary School
Lakeland Early Learning Academy
Lakeview Middle School
Leesburg Elementary School
Lincoln Elementary School
Little Cats Early Learning Center
Madison Elementary School
Mentone Elementary School
Mentone Kindergarten Readiness Center
Milford Elementary School
North Webster Elementary
Pierceton Elementary
Syracuse Elementary
Tippecanoe Valley High School

Tippecanoe Valley Middle School
Tippecanoe Valley School Corporation
Warsaw Area Career Center
Warsaw Community High School
Warsaw Community Schools
Warsaw Early Learning Academy
Washington STEM Academy
Wawasee Community School Corporation
Wawasee Early Learning Center
Wawasee High School
Wawasee Middle School
Whitko Career Academy
Whitko High School
Other

Other School Name

If you selected "other" from the drop down list, please enter your school name below.

Character Limit: 50

IRS Determination Letter

IRS Determination Letter*

File Size Limit: 2 MB

Board List

Board List

This may be your Board of Directors, School Board, City/Town Council, etc. Please show which individuals are officers and what their positions are (President, Vice President, Treasurer, Secretary, etc.).

File Size Limit: 2 MB

Staff List

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: 2 MB

Financial Documents

Internal Financial Statements*

Please upload a copy of your organization's most recent Statement of Activities and Statement of Financial Position.

File Size Limit: 6 MB

Form 990

Please upload a copy of your organization's most recent 990. If your organization does not file a 990 or 990-EZ, please skip this question.

File Size Limit: 6 MB

Not sure which internal financial statements 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/.

Additional and Supporting Documentation

Additional Supporting Documentation

Please upload supporting documentation that you have. Examples of such documents might be quotations, photos, letters of support, executive summaries, etc. related specifically to this project.

File Size Limit: 5 MB