

# Community Funds: March 2026 Cycle

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## *Kosciusko County Community Foundation*

### *Application Instructions*

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The Kosciusko County Community Foundation accepts requests from charitable organizations serving Kosciusko County residents. If you have any questions throughout the application process, please call the Community Foundation at 574-267-1901.

Please complete all required questions below. Completed applications and required attachments must be submitted by the deadline in order to be considered for funding by the grant committee.

**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*

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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*

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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*

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*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*

## Organization Type

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### Organization Type\*

Please select your organization type.

#### Choices

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

## Organization Information

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*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

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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: 100*

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

### Project Summary:

### Amount Requested from Community Funds

*Character Limit: 20*

### Program Area

#### Choices

Arts & Culture

Civic

Education

Environment

Health

Human Services

Recreation

### Applicant Summary of Request

This is the brief description you provided in the Pre-Grant Inquiry.

*Character Limit: 1000*

### 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, including those **not** from Kosciusko County?

*Character Limit: 6*

### Kosciusko County Residents Served\*

Of those being served, how many are **Kosciusko County residents**? This number should be equal to or less than the number reported for Total Served.

*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

### Calculation of Kosciusko County Residents\*

Please explain how you calculated or determined the number of **Kosciusko County residents** being served.

*Character Limit: 150*

### 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

### 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).

**The Total of Itemized Expenses shown in the final row should match the Total Financial Support.**

Enter percentages as **XX.X** (i.e., 17.5% would be entered as **17.5**).

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				

<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>TOTAL</b>				

### Sources of Financial Support

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

Enter percentages as **XX.X** (i.e., 17.5% would be entered as **17.5**).

Type of Funding	Description of Source of Funding	Amount	Percent of Total Revenue	Is this funding Pending or Secured?
<b>AMOUNT REQUESTED FROM KCCF</b>				
<b>Federal/City/State Governments</b>				
<b>Other Foundations (1)</b>				
<b>Other Foundations (2)</b>				
<b>Public Contributions/Donations (Specify) (1)</b>				

<b>Public Contributions/Donations (Specify) (2)</b>				
<b>Loans</b>				
<b>Your Organization's Contribution</b>				
<b>Other (1)</b>				
<b>Other (2)</b>				
<b>TOTAL</b>				

**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*

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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 **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*

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**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 and most recently filed 990

## *Church Attachments*

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**Churches must upload the following documents:**

*(accepted formats include: PDF and Word)*

- 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

## *Government Attachments*

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

*(accepted formats include: PDF and Word)*

- City, Town, or County Council member list with names and town/city of residence that denotes who holds officer positions
- Staff list with names and town/city of residence

## *Private School Attachments*

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**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 and most recently filed 990

### **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*

## *Public School Attachments*

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**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*

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In order to receive funding through this grant program, any 501(c)(3) entity must be in good standing with the IRS. Any 501(c)(3) entity headquartered in Indiana must also be registered with the Indiana Secretary of State. Community Foundation staff will verify both after you have submitted your application.

### IRS Determination Letter\*

*File Size Limit: 2 MB*

## Board List

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### Board List\*

This may be your Board of Directors, School Board, City/Town/County 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

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### 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

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### Internal Financial Statements\*

**Organizations that have annual operating budgets of \$100,000 or more** are required to submit a Statement of Financial Position (Balance Sheet) and Statement of Activities (Income Statement) for the organization's most recently completed fiscal quarter. Statements do not need to be audited but should be approved by your board of directors and should show at least one quarter of activity.

**Organizations with operating budgets of less than \$100,000** can choose to submit a year-to-date Budget vs. Actual report showing expenses and revenue in lieu of full financial statements.

*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*

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If applicable, 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. You will need to combine similar files if you have more than three to upload. Additional documentation is not required.

### **Additional Supporting Documentation (#1)**

*File Size Limit: 5 MB*

### **Additional Supporting Documentation (#2)**

*File Size Limit: 5 MB*

### **Additional Supporting Documentation (#3)**

*File Size Limit: 5 MB*