

## Community Action Grant Application Form

Mail to: Our Community's Foundation, P.O. Box 1762, Parkersburg, WV, 26102

**Grant Cycle (check one):**  Spring (3/1 deadline)  Fall (9/1 deadline)

**Check the foundation/s to which you are applying for support (see the Foundation's Grantmaking Guidelines for eligibility requirements – do not leave this section blank):**

- Parkersburg Area Community Foundation  Doddridge County Community Foundation\*  
 Jackson County Community Foundation  Little Kanawha Area Community Foundation\*  
 Mason County Community Foundation\*  Ritchie County Community Foundation\*

\*(these organizations accept applications for the 9/1 deadline only)

### Organizational Information

Organization Name:

Year Founded:

Contact Person Name:

Title:

Mailing Address: (Post Office Box or Street Address, City, State, Zip Code)

Phone:

Fax:

Website:

E-Mail:

In which county is your organization headquartered?

Organization FEIN/Tax ID#:

Is your organization affiliated with a national or other organization and do you use their EIN/Tax ID :

Yes  No If yes, please provide name of national/other organization: \_\_\_\_\_

Is your organization at 501(c)(3) agency?  Yes  No

If **yes**, are you a Supporting Organization (this is a particular type of tax-exempt status for organizations affiliated with a 501(c)(3) entity – your IRS tax-exempt designation letter should indicate if you are a supporting organization):  Yes  No If **yes**, what Type: I  II  III

If **no**, what is the tax status of your organization (e.g. governmental entity, public school, other IRS classification, such as 501(c)(4))? \_\_\_\_\_

**Organizations that do not have 501(c)(3) status are not eligible for operating support grants.**

If your organization does not have 501(c)(3) status and is not a governmental entity or public school, please list the name and address of your fiscal agent and attach the tax designation letter for this entity:

**In the box below, provide a one-sentence description of the project for which you seek funding. State exactly what the funds will be used for and list how much you are requesting in grant funds.**

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Counties served by your project (check as many as apply; list % for each – total % should be 100%):

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Calhoun _____% | <input type="checkbox"/> Doddridge _____% | <input type="checkbox"/> Gilmer _____%          | <input type="checkbox"/> Jackson _____% |
| <input type="checkbox"/> Mason _____%   | <input type="checkbox"/> Pleasants _____% | <input type="checkbox"/> Ritchie _____%         | <input type="checkbox"/> Roane _____%   |
| <input type="checkbox"/> Wirt _____%    | <input type="checkbox"/> Wood _____%      | <input type="checkbox"/> Washington (OH) _____% |   |

If this grant application is a resubmission of a previous application that was not funded, how has the application changed since the prior submission?

Have you received funding from Our Community's Foundation Community Action Grant Program previously?    yes    no

If yes, please list when you received your most recent Community Action Grant, from which entity (e.g. PACF or any affiliate or both), and the amount and purpose of the grant.

### **ORGANIZATION BACKGROUND INFORMATION**

What is your organization's mission?

Provide background information on your organization, including when you were founded, current programs offered, geographic area and population served:

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**PROJECT NARRATIVE:** Check the ONE box that indicates the type of support you are requesting. Please review the Foundation's Grantmaking Guidelines before requesting an operating support grant to ensure you are eligible. Please respond to the questions corresponding to the particular type of support you seek, using the space on this page and the next page (do not answer questions listed for other types of support).

- Capital/equipment projects; program development; or technical assistance, training or capacity building requests:**
  - What specific need does the project address and how will your project meet this need?
  - What are the project's objectives and how will it be implemented (what is the work plan)?
  - How will you evaluate the success of your project?
  - How will the project be funded in the future, after completion of the grant?
  - Why is your organization unable to fund this project from your own resources?
  - Have you applied to or received support from other grant funding sources for this project?
  
- Operating support requests, Type 1: To increase the organization's financial stability:**
  - Document either an increased demand for services, unexpected reduction in sources of support, or specific financial challenge your organization faces (provide actual numbers for documentation).
  - Describe your organization's plan to preserve core services – what steps have you already taken to reduce costs or enhance revenue?
  - Detail your plans for financial stabilization and/or to address your specific financial challenge.
  - Describe how an operating support grant will increase overall financial stability at the completion of the grant and/or help the organization address its identified financial challenge.
  
- Operating support requests, Type 2: To increase organizational capacity:**
  - What is your plan for organizational growth?
  - In what areas do you expect to grow or expand?
  - Why is operating support critical to your organization's growth plan?
  - How do you expect to raise sufficient revenue to support your expansion plan after the completion of the operating support grant?

**PROJECT NARRATIVE (respond to questions listed above, based on type of support requested)**

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## FINANCIAL INFORMATION

For requests for capital or equipment projects, program development, or technical assistance, training or capacity building, provide a project budget, including anticipated income and expenses. For all operating support requests, summarize your current organization operating budget, including all income and expenses.

Amount Requested for Grant: \$

Please provide the following for the last two most recently completed fiscal years:

<u>Fiscal Year</u>	<u>Total Income</u>	<u>Total Expenses</u>	<u>Net Assets Beginning of Year</u>	<u>Net Assets End of Year</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Authorization

Name and title of top paid staff or board chair:

Signature: \_\_\_\_\_

### Application Check List

- Application does not exceed 5-page limit and is paper-clipped (no staples).
- One** copy of the application and the following attachments are provided: list of officers and board members and their titles; copy of IRS 501(c)(3) letter (not required for public schools or government agencies); financial report (preferably audited) for most recently completed fiscal year, showing income and expenses; most recent 990 tax return or 990-N postcard; current organizational budget, showing income and expenses.
- Application submitted by the postmark deadline.