

CLAY COUNTY COMMUNITY FOUNDATION
COMMUNITY BETTERMENT GRANT APPLICATION

Grant for which you are applying: _____ Standard _____ Impact

Organization _____ Founding date _____

Mailing Address _____

City, State, Zip _____ Phone _____ Cell Phone _____

501(c)(3) status: _____ Yes _____ No EIN # _____ If no, Fiscal Sponsor _____

Fiscal Sponsor EIN# _____

Grant Contact Person and Title _____

Phone _____ Cell Phone _____ Email _____

Major sources of operating funds (by %) _____

Organization's Annual Operating Budget \$ _____

Name of Project _____

Description of project for which funds are requested (25 words or less)

Specifically, how will funds be used:

What grants have you received from this Foundation in the past 5 years? (project name/amount)

Anticipated project timetable _____ through _____ Geographic area served by project _____

Client group (and number) served by project _____

Total Project Cost \$ _____

Total Amount Requested from Clay County Community Foundation _____

Signature of Board Officer: _____ Title _____ Date _____

CLAY COUNTY COMMUNITY FOUNDATION

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PROJECT DESCRIPTION – NEED AND IMPACT

1. In one page or less, describe your proposed project. *What do you plan to do, and why? Why is a CCCF grant needed to make this project happen? What will be the result of this project? Describe individuals impacted by this project. How will Clay County communities be enhanced or improved by this project?*

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Please answer the following questions in the space provided:

2. Applicant's Ability to Carry Out Project: *Is this a start-up project or service? Does the applicant have an effective record of service? Is the applicant qualified and prepared to take on the project?*

3. Budget Funding Sources OR Narrative: *Has the applicant secured matching or in-kind funding? Is the budget realistic? Will the project be possible without CCCF funding? Is this a one-time event or an on-going project? If on-going, how will it be sustained?*

Budget:

Income

Source	Amount
In-kind Volunteer Donations	\$
In-kind Staff Hours	\$
Donations	\$
Other Grants	\$
Other Income	\$
Clay County Community Foundation Request	\$

TOTAL \$

Expenses (Please attach quotes and estimates to email submission)

Source	Amount
	\$
	\$
	\$
	\$
	\$
	\$

TOTAL \$

4. Evidence of Broad-based Community Support: *Does the applicant have financial or volunteer support for the project? If this is a start-up, describe resources/organizational structure/facilities in place at this time.*