

**OWEN – CARR TOWNSHIP COMMUNITY FUND**  
**A fund of the Community Foundation of Jackson County**  
**GRANT PROPOSAL FORM**

Date rec'd \_\_\_\_\_  
Date reviewed \_\_\_\_\_  
Approved/Declined \_\_\_\_\_  
Amount \$ \_\_\_\_\_

Name of Organization

*(If the organization name is not the same as that on the 501(c)(3), please include documentation explaining why.)*

Contact Person  Title

Telephone  Address

President of Governing Board

This grant is to be used only for the purpose described in the grant request and in accordance with the budget submitted. The funded program is subject to modification only with the Foundation's prior written approval. Any portion of the grant not used for the purpose for which it has been approved must be returned to the Foundation.

Signed, President of Governing Board \_\_\_\_\_

Project Title  Amount Requested

Briefly describe your project

**GRANT PROPOSAL CHECK LIST:**

- Three copies of the completed proposal form and three copies of supporting materials as follows:
- Budget for proposed project
- List of current members of governing board
- Current month and year-to-date financial statement
- Copy of 501(C) (3) determination letter from Internal Revenue Service. *(If not already on file with the Community Foundation of Jackson County office.)*

## GRANT PROPOSAL FORM

1. **ORGANIZATION:** What is the purpose of your organization and whom does it serve?

2. **NEED:** What are the issues that this project will try to address?

3. **PURPOSE:** What are the anticipated outcomes of your program?

4. **WHO:** Describe who will be served by this project. How many will be served?

5. **VOLUNTEERS:** What role do you anticipate for volunteers in this project?

6. **COORDINATION:** Who else in the community is working on this issue? What will you do that is better or different than existing programs? How will you coordinate with them?

7. **OTHER FUNDS:** Who has given or pledged funds for your project? Where else are you seeking funds?

8. **FUTURE FUNDS:** How will this project be financed in the future?

9. **COMPETENCE:** What evidence can you give of the ability of your organization to implement this project?

10. **EVALUATION:** How will the project be monitored and the results evaluated?

11. **IMPACT:** Describe the effect of this project on the organization, clients, and the community.

12. **OTHER:** Is there anything else you would like us to know about this project?

**SUBMIT ALL COPIES**

**AND ALL MATERIALS TO: The Community Foundation of Jackson County  
P. O. Box 1231  
Seymour, IN 47274  
(812) 523-4483  
(812) 523-1433 (fax)**