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# Grant Application

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| This is a Word Document; should you need additional space to complete a question, you may expand the appropriate text box to meet your needs. Please contact the Foundation at 864.223.1524 or [staff@greenwoodcf.org](mailto:staff@greenwoodcf.org) with any questions. | |
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| Contact Information | |
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| Organization’s Legal Name |  |
| Executive Director’s Name |  |
| Email Address |  |
| Office Phone |  |
| Program/Project Coordinator’s Name |  |
| Email Address |  |
| Office Phone |  |
| Organization’s Street Address |  |
| City ST ZIP Code |  |
| (If different) Mailing Address |  |
| City ST ZIP Code |  |
| EIN (Fed Tax ID Number) |  |
| Grant Amount Requested |  |

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| Summary: Amount of the Grant Requested, Purpose of the Grant Requested |
| Note requested amount; describe in a few sentences the program or project to which the grant will be applied; is this a new or existing program or project? |
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## Before continuing, you may wish to confirm with the Foundation that your proposal fits appropriately within our granting guidelines. (864.223.1524, staff@greenwoodcf.org)

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| The Program or Project for which you are requesting funding: |
| Describe the problem or opportunity the program or project addresses. |
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| What steps has your organization taken to assess the population affected by the problem or opportunity? How many people in Greenwood County are affected by this problem/opportunity? |
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| Summarize the program or project’s overall plan of activity to address the problem or opportunity. How is this program or project related to GCCF’s focus for this grant cycle? |
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| What other organizations or programs in Greenwood County address this problem or opportunity? How has your organization collaborated with these organizations? |
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| Identify the outcomes the organization is committed to achieving this year with this program or project. What measures will be used to demonstrate the impact of this program or project on the population served? |
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Please attach the following **as separate documents** (send electronically to staff@greenwoodcf.org.):

\_\_ Organizational budget

\_\_ Program or project budget (Please specify how GCCF grant would be used, and include other

anticipated sources of funding for this program or project)

\_\_ Most recent financial statement

\_\_ Proof of IRS tax-exempt status dated within the past five years

\_\_ Non-discrimination statement adopted by the Board of Directors

\_\_ Annual Report if available

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| The Organization requesting funding: |
| What is the Mission Statement of your organization? |
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| Please provide a history of your organization’s work in Greenwood County. |
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| Please describe all current programs and services of the organization. |
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| Do your Board and staff reflect the demographics of Greenwood County? List the names (and affiliations) of all members currently on the organization’s Board of Directors. |
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| **The following questions are to assist the Foundation in its service to local organizations and do not weigh into the grant evaluation process.** |
| What is your organization’s strategy for long-term funding? |
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| How may the Greenwood County Community Foundation advise your organization in planning for the future through the creation or transfer of an endowed Agency Fund? |
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| Agreement and Signature | |
| By submitting this application, I affirm that the facts set forth in it are true and complete. | |
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| Name (printed) |  |
| Signature |  |
| Date |  |

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| Thank you for your grant application submission! Greenwood County Community Foundation  110 Phoenix Street  Greenwood, SC 29646  864.223.1524  Contact: [staff@greenwoodcf.org](mailto:staff@greenwoodcf.org) |
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Rev. 5.2.2019