# Innovation 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 <mailto:staff@greenwoodcf.org> with any questions. | |
| **The Innovation Grant** supports creative ideas that foster strategic change within the Greenwood County community. Collaboration and partnerships among organizations are expected and essential to assure lasting impact and success.  Innovation Grant awards are for larger amounts and are more competitive than in our annual Community Impact grant cycles. Proposals will be considered for awards up to $50,000 total, to be disbursed within a single year or as a multi-year commitment, in this biennial grant cycle.  Prospective applicants **must*contact Foundation staff*** for further details before applying and**attend one (1) mandatory orientation meeting**. The meetings will be held on **Wednesday, February 17, 11:00 am-noon,** and on **Tuesday, February 23, 4:00-5:00 pm** in the Chamber conference room (located in the GCCF and Chamber of Commerce building, 110 Phoenix St.).**Please contact GCCF in advance** to indicate date and time of attendance.  ***Criteria for the Innovation Grant***  **Does the proposed project:**   * creatively address an identifiable community need or aspect of quality of life? * meaningfully engage stakeholders and, whenever possible, include those directly affected by the problem? * reflect effective collaboration with other community organizations? * use existing resources and maximize current community assets? * have potential to generate broad community support and to become self-sustaining over time? * include evaluation mechanism/metrics?   **Innovation applications will be received April 1 - April 30, 2021** and reviewed during May. Notifications will be given and granted funds made available by June 30. | |
| Contact Information | |
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| Organization’s Legal Name |  |
| Executive Director’s Name |  |
| Email Address |  |
| Office Phone |  |
| Program 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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| Purpose of the Grant Requested |
| In a few sentences, describe the program or project to which the grant will be applied. Is this a new or existing program or project? |
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| Program or Project Details |
| Describe the problem or opportunity the Program addresses. |
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| Summarize the program or project’s overall plan of activity to address the problem or opportunity. |
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| Page **3** of **10**  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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| How does this program or project exemplify innovation in Greenwood County? How does it relate to the definition and criteria for the Innovation grant? |
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| Page **4** of **10**  What other organizations in Greenwood County address this problem or opportunity? How has your organization collaborated with these organizations? Explain what differentiates your program or project. |
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| Identify the expected outcomes the organization is committed to achieving for the first, second and third years of this program or project. |
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| Page **5** of **10**  What measures will be used to demonstrate the impact of this program on the population served? |
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What strengths, weaknesses, opportunities, threats, and obstacles do you anticipate for your proposed

program or project?

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| Organizational Information |
| What are the Mission and Vision Statements of your organization? |
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| How long has your organization been in existence?  Please provide a brief history of your organization’s work in Greenwood County. |
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| Page **7** of **10**  Describe current, key programs and services of the organization. |
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| List the names (and affiliations) of all members currently on the organization’s Board of Directors. |
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| Page **8** of **10**  Do your Board and staff reflect the demographics of Greenwood County? |
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| **The following questions are to assist GCCF in its service to local organizations and do not weigh into the grant evaluation process.**  Does the organization have an endowment? What is your 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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| Program or Project Budget |

**Indicate expenses for this program or project.**

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| **Program or Project Expenses** | **Total Funds Requested from GCCF in this Application**  ($50,000 maximum) | **Total Expenses**  **for this Program or Project** |
| Administrative expenses | $ | $ |
| Equipment | $ | $ |
| Fees (specify) | $ | $ |
|  | $ | $ |
| Materials and/or supplies | $ | $ |
| Operating expenses | $ | $ |
| Publicity | $ | $ |
| Salaries or stipends (specify) |  |  |
|  | $ | $ |
|  | $ | $ |
| Services (specify) |  |  |
|  | $ | $ |
|  | $ | $ |
| Other (specify) |  |  |
|  | $ | $ |
|  | $ | $ |
| **TOTALS** | **$** | **$** |

**Indicate sources of funding for this program or project.**

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| **Program or Project Funding** | **Committed**  (Funds that *have been awarded or designated f*or this program or project) | **Pending or Projected**  (Funds that *have not yet been confirmed* for this program or project) |
| GCCF | $ | $ |
| Fundraising | $ | $ |
| In-kind support | $ | $ |
| Organizational budget | $ | $ |
| Organizational donors | $ | $ |
| Participation fees, if any | $ | $ |
| Other grantors (specify) |  |  |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
| Other (specify) |  |  |
|  | $ | $ |
| **TOTALS** | **$** | **$** |

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**Please attach the following** ***as separate documents*** (send electronically to staff@greenwoodcf.org.):

Organizational budget

Most recent financial statement, ***dated within past 6 months***. (Please *do not* submit a full audit.)

Proof of IRS tax-exempt status

Non-discrimination statement adopted by the Board of Directors

Annual Report, if available

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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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