

# EXAMPLE ONLY

## EXAMPLE Innovation Grant

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*Greenwood County Community Foundation*

### *Program or Project Name and Amount Requested*

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#### **Amount Requested\***

Grant awards of up to \$50,000 may be requested.

*Character Limit: 20*

#### **Project Name\***

Please provide the name of the program or project for which funds are requested.

*Character Limit: 100*

### *Program or Project Details*

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#### **Purpose of Requested Grant\***

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?

*Character Limit: 1500*

#### **Description of Community Need or Opportunity\***

Describe the need or opportunity this program or project addresses.

*Character Limit: 2500*

#### **Program or Project Summary\***

Summarize the program or project plan of activity to address the need or opportunity described.

*Character Limit: 3000*

#### **Assessment of Potential Impact\***

How many people in Greenwood County are impacted by this need or opportunity? What steps has your organization taken to assess the population or groups affected?

*Character Limit: 2500*

#### **Innovation Criteria\***

How does this program or project exemplify innovation in Greenwood County? How does it relate to the definition and criteria for the Innovation Grant?

*Character Limit: 4000*

### **Potential for Collaboration or Partnerships\***

What other organizations in Greenwood County also address this need or opportunity? Has your organization collaborated with these organizations?

Explain the factors that differentiate your program or project from similar ones.

*Character Limit: 2500*

### **Projected Outcomes\***

Identify the outcomes this organization is committed to achieving with this program or project. What measures will be used to demonstrate the impact of this program or project on the population served?

*Character Limit: 2500*

### **Potential Strengths and Weaknesses\***

What strengths, weaknesses, opportunities, threats, and obstacles do you anticipate for this proposed program or project?

*Character Limit: 5000*

## *Organizational Information*

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### **Mission Statement\***

What is the mission statement of your organization?

*Character Limit: 500*

### **Key Services or Programs\***

Describe current, key services or programs of the organizations.

*Character Limit: 2500*

### **Organizational History\***

Please provide a **brief** history of your organization's work in Greenwood County.

*Character Limit: 2000*

### **Board of Directors and Staff Information\***

List the names and professional affiliations of members of the organization's Board of Directors. Do your Board and staff reflect the demographics of Greenwood County?

*Character Limit: 3000*

## *Program or Project Budget*

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### **Program or Project Budget\***

You can download the template [HERE](#). Complete the Program or Project Budget tables and upload to this application.

*File Size Limit: 5 MB*

## *Required Attachments*

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### **Supporting Documents**

Please attach the following required supporting documents.

#### **Organizational Budget\***

Attach your organization's budget for the current fiscal year.

*File Size Limit: 5 MB*

#### **Financial Statement\***

Attach the most recent financial statement for your organization, dated within past 6 months.  
(Please do not submit a full audit.)

*File Size Limit: 3 MB*

#### **IRS Status\***

Attach proof of your organization's IRS tax-exempt status.

*File Size Limit: 1 MB*

#### **Non-discrimination Statement\***

Attach your organization's Non-discrimination Statement adopted by the Board of Directors.

*File Size Limit: 1 MB*

#### **Annual Report**

Please provide your organization's most recent Annual Report, if available.

*File Size Limit: 5 MB*

## *GCCF Questions*

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### **Long-Term Funding\***

Please summarize your organization's strategy for long-term funding.

(This question is to assist GCCF in its service to local organizations and does not affect the evaluation of this application.)

*Character Limit: 2500*

### **Potential for Fund Advisement\***

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?

(This question is to assist GCCF in its service to local organizations and does not affect the evaluation of this application.)

*Character Limit: 1500*

## *Agreement and Signature*

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### **Signature and Date\***

By submitting this application, I affirm that the facts set forth in it are true and complete.

(Please enter **typed signature**.)

*Character Limit: 250*

### **Date of Submission\***

*Character Limit: 10*