

**COMMUNITY FOUNDATION OF HENDERSON KY
GRANT APPLICATION**

APPLICATION DEADLINE: FEBRUARY 15, 2020

Please complete the form below and return either by email to mbweaver43@gmail.com or Community Foundation of Henderson % Mark B Weaver CFP, President, 220 So. Main St., Henderson, KY 42420

Eligibility: Consideration will be given to nonprofit organizations that are deemed tax-exempt under sections 501(c)(3) of the Internal Revenue Code or from governmental agencies serving Henderson County.

Organization Name	
Executive Director or Equivalent	
Mailing Address	
City, State, Zip	
Email address	
Telephone Number	
Fax Number	
Organization's Web Page	
Number of Full-time Employees	
Number of Part-time Employees	
Number of Volunteers	
When was your last independent audit completed?	
Number of board members? Current/Maximum	
Federal Employer ID Number	
Contact Person's email address	
Contact Person's Telephone Number	
Amount Requested	
Total Program/Project Cost	
Timeline (if funded when would it begin and when would it be completed?)	
Signature of Official Responsible for Project	
Date of Signature	

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PROPOSAL INFORMATION

1. Describe your program/project request, including specific activities and a timeline. Also, please state whether this is a new project or existing. If existing, please note how long the project has been in existence.

2. Describe who will be impacted by the proposed activities, including the number of individuals that will benefit, their demographic characteristics, the geographical area to be served, and how it fits the Community Foundation of Henderson's areas of interest: **Educating** our community, **Caring** for our community, **Inspiring** our community and **Improving** our community.

3. What problem or need does the proposed request address? Why does this need exist and why is funding needed?

4. What measurable outcomes/goals is this project designed to achieve? How will you monitor success on the desired outcomes?

5. Please summarize your estimated budget for the proposed grant activities. Please include a detailed budget of how the Community Foundation of Henderson grant would be used.

6. Would your organization be willing to speak at a board meeting?

7. If this is a new program or expansion of services, how will it be sustained after the use of these grant funds?

8. Is your organization pursuing other grants? Please specify which grants and for what purpose.

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INCOME for proposed grant activities/program: <i>In income narrative indicate if each income source is committed (C) or proposed (P)*</i>	Proposed Cash Income	Proposed In-Kind Goods & Services
1. Service Fees and Admissions	\$	
2. Corporate Contributions/Sponsorships	\$	
3. Individual Contributions	\$	
4. Foundation Support (not including this requested grant)	\$	
5. Fundraisers & Special Events	\$	
6. Government Support	\$	
7. Internal Re-allocation	\$	
8. Other (Specify):	\$	
9. TOTAL CASH INCOME (add lines 1-8)	\$	
10. TOTAL IN-KIND GOODS/SERVICES		\$
11. TOTAL INCOME WITHOUT GRANT (add lines 9 + 10)	\$	
12. COMMUNITY FOUNDATION OF HENDERSON GRANT REQUEST	\$	
13. TOTAL INCOME WITH GRANT (add lines 11 + 12)	\$	

* Proposed means you have already submitted a proposal to a funder

Organization Financial Information	
Total annual organization budget for your current fiscal year	\$
Fiscal year (month/year to month/year)	
If applicable, organization's endowment value - If endowments are restricted, please indicate this.	\$

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