GRANGEVILLE COMMUNITY FOUNDATION

2024 GRANT APPLICATION FORM

P.O. Box 487 • Grangeville, ID 83530 • grangevillecommunityfoundation@gmail.com

NOTE: Please download this PDF document to your computer hard drive <u>before</u> completing the fillable form.
See additional information under Submission Instructions.

Application Date: _____

Organization Name: _____

Street or Mailing Address: _____

City-State-Zip:_____

Primary Contact Person and Title: _____

Phone Number: _____   Email: _____

Employer Identification Number (if any): _ _ _ _____

Is your organization a government entity (including subsidiaries and public educational institutions) or an IRS recognized 501(c)3 (or other code section) non-profit entity?   Yes____ No____

If NO, explain why you believe your organization qualifies as a nonprofit entity to receive a GCF grant:

Annual Operating Budget: $_____   **Years Operating in Grangeville:**_____

Board of Directors or Officers: Include contact phone and email address.

_____

_____

_____

_____

_____

Organization Mission and/or Purpose: *(150 words maximum)*

Project Summary: If my organization is awarded a grant, the funds will be used to... *(150 words maximum)*

Project Description: Include the following: *(400 words maximum)*
 1. Explain the need for the project.
 2. What do you intend to accomplish?

 3. How many people will be helped by the project?
 4. When do you expect to complete the project?

Total Project Cost: $_____   **Amount Requested from GCF**: $_____

Itemized Budget: Provide an itemized list of the expenditures related to this project. Provide a total for the items on the last line. The Project Total should match the Total Project Cost listed above.

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

                                                 Project Total: _____

Other Funding Sources: If you are requesting funding from GCF in an amount less than the Total Project Cost, list sources and amounts of other support for the project including in-kind donations and indicate whether they are committed or pending. *(150 words maximum)*

Project Adjustments: If you do not receive the full amount of funding required to complete the project as presented, what adjustments will you make to the project or its timeline for completion? *(150 words maximum)*

Other Project Details: Is the program or project for which you are applying included in your annual budget, or is it a one-time special project or expense? *(150 words maximum)*

Ongoing Expenses: Are there ongoing expenses for this program or project? If this is a one-time expense, please include annual maintenance costs. *(150 words maximum)*

Submission Instructions

1. After completing your application form, go to FILE/SAVE AS and name the file with your organization name and application date. (Example: GvilleGroup_9-1-24.pdf)

2. Compose an email message with the the project name in the subject line and your organization's name and contact information in the body of the email message. Attach the completed PDF application form to the email message and email to **grangevillecommunityfoundation@gmail.com**.

3. Submission deadline is March 15, 2024 at 5PM. If you do not receive a return email from GCF acknowledging your application within two days, please contact us.

4. If you have questions about your application, email **grangevillecommunityfoundation@gmail.com**, or contact Jane Spencer 208-507-0592 or Alaina Redenbo 208-507-8470.