

Elk County Community Foundation
 Erie Avenue • P.O. 934 • Saint Marys, PA 15857
 814.834.2125 • Fax 814.834.2126
eccf@alltel.net • www.elkcountyfoundation.com

Please complete this form and submit it along with the requested items as outlined in *Instructions for Submitting a Grant Application*. Grants will not be considered until all material has been received.

____/____/____ _____ ____/____/____
 Application Date Legal Name of Organization Date of Incorporation

Is your organization tax-exempt under Section 501 (c) (3) of the Internal Revenue Code? Y N

 Last Name First Name MI

 Mailing Address

 City State Zip Code

(____) _____ (____) _____ _____
 Phone Fax E-mail

Grant Area of Interest:

- ____ The Arts _____
- ____ Economic Development _____
- ____ Education _____
- ____ The Environment _____
- ____ Health and Social Services _____
- ____ Other (please explain) _____

Project Duration:

Total Cost of Project:

Amount requested from the Foundation:

Application is considered incomplete and will not be considered if amount requested is left blank.

Grant Abstract – provide the following information either on this page or by answering the question in a one pager, double spaced narrative. Additional explanation and information may be included in items request in Gran Proposal Requirements Found on page three of this application form.

Brief Project Description

Who and how many will benefit?

What are your other sources of funding for this project?

Why is this project valuable/necessary?

How will it be funded in the future?

How will you evaluate the success of this project?

Please include the attachments:

- ◆ **One copy of the Grant Application Form and abstract/narrative as describe on page three of the application.**
- ◆ One copy of the current IRS determination
- ◆ One copy of the proposed program/project budget
- ◆ One copy operating budget for the current and next fiscal year, including income statement and balance sheet. Need to send only a summary if possible.
- ◆ One copy of the most recent year-end financial statements (audited if available).
- ◆ Name and addresses of your Board of Directors and administrative staff.

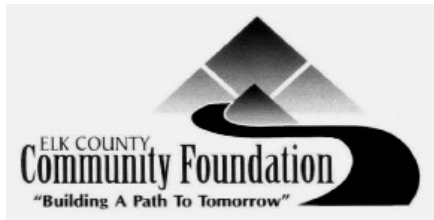
The Undersigned hereby certify that all information contained in and submitted with this proposal is correct and that this proposal is submitted with the approval of the Board of Directors. This Organization will execute the Grant Agreement if a grant is awarded to us.

Signature of Board Chairperson

Date

Signature of Agency CEO

Date



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INSTRUCTIONS FOR SUBMITTING A GRANT APPLICATION

- A. Fill out the enclosed GRANT APPLICATION FORM and overview questions.**
- B. Grant Proposal Requests should include the following information. Please provide your information in this order, using the outline.**
- 1. Organization Information:**
 - a. Brief summary of organization's history, mission and goals.
 - b. Description of current programs and past accomplishments.
 - c. Target population that this project/program will benefit and number of people served by this project.
 - d. How does the agency work with others providing similar services, or how it is unique?

 - 2. Purpose of this Grant:**
 - a. Describe the program/project, the need(s) it will address and what it will accomplish.
 - b. Is it a new or ongoing program/project of the organization?
 - c. List the program/project goals, objectives.
 - d. Describe the timetable for this program to be completed.
 - e. Do other organizations provide services similar to your program? If so, why is it important that your agency also provides this service?

 - 3. Budget Information**
 - a. State the exact dollar amount of program/project budget being requested this grant
 - b. List all sources funding for the program/project. Indicate the amounts requested and the status of your proposal with each one.
 - c. What are the long-term strategies for funding the program/project beyond the grant period?
 - d. If this is a collaborative proposal, how will this agency work with other organizations involved?

 - 4. Personnel and Follow-up**
 - a. Indicate names and contact information for individuals responsible for this project.
 - b. Provide names and contact information for other individuals involved in this project.
 - c. What are the qualifications and expertise of the individuals responsible for the implementation of this program/project?
 - d. How will you evaluate this program/project?
 - e. Are there any special circumstances that ECCF should be aware of regarding your organization or the program /project