

## McKean County Community Foundation

P.O. Box 708, Bradford, PA 16701 Phone 844-238-2289• Fax 814.834.2126 mccf@mckeancountyfoundation.org www.mckeancountyfoundation.org

This grant application form is available on our website as an online fillable PDF form. Please complete and submit it via email along with the requested support items as outlined in *Instructions for Submitting a Grant Application*. In addition, a hard copy of the signed application form, along with any support materials that have not been emailed, must be mailed to our office. Grants will not be considered until all material has been received. For questions or clarification, please contact our office.

Application Date Legal Name of Organization		nization	EIN Number		
Is your organization tax-ex	xempt under Sec	tion 501 (c) (3) of th	e Internal Revenue Code? Y	N	
Last Name		First Name	MI		
Mailing Address					
City		State	Zip Code		
Phone	Fax		E-mail		
Grant Area of Intere	est:				
The Arts			_Other ( <i>please briefly expla</i>	ain)	
Economic Deve	lopment				
Education					
The Environme	nt				
Health and Soci	al Services				
Project Duration:					
Total Cost of Project	! <b>:</b>				
Total Cost of Project	t <b>:</b>				

Maximum request is \$2,000

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 briefly on this page. Additional explanation and information should be included in Grant Proposal Narrative outline found on page four of this application form.

Brief Project Description	nej Project Descri	іршот	l
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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?

<u>Submit via email</u> the on-line fillable PDF form, without signature, along with your narrative. Also, mail or deliver to our office a hard copy of the signed application and narrative along with any other support materials that cannot be emailed.

#### Please include the attachments:

- One copy of the Grant Application Form and abstract/narrative as described on page four of the application.
- One copy of the current IRS determination
- One copy of the proposed program/project budget
- One copy of operating budget for the current and next fiscal year, including income statement and balance sheet. Need to send only a summary if possible.
- 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

# Project Budget Statement

**Project Budget** – provide the following information either on this page or on a one-page spread sheet or narrative. List all income for this project including in-kind gifts

Source	Amount	(numbers only)
Total		
E		( )
Expenses	Amount	(numbers only)
Total		



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#### INSTRUCTIONS FOR SUBMITTING A GRANT APPLICATION

- A. Submit <u>via email</u> the completed original on-line fillable PDF form, without signature, along with your narrative. Also, mail a hard copy of the signed application, along with a copy of the narrative and any other support materials that cannot be emailed.
- B. Grant Proposal Narrative 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 benefits and number of people served by this project.

#### 2. Purpose of this Grant:

- a. Describe the program/project, the need(s) it will address.
- b. What are the measurable and expected outcomes?
- c. Is it a new or ongoing program/project of the organization?
- d. List the program/project goals, objectives.
- e. Describe how your agency was affected by the pandemic and how does this request impact the residents of McKean County in the recovery from the pandemic.
- f. 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

#### (Please use page 3 of the application for section "a" and "b")

- a. State the exact dollar amount of program/project budget being requested for this grant and the expected expenses including in kind gifts.
- b. List all sources of funding for the program/project. Has the agency committed any dollars to the project?
- c. Indicate the amounts requested and the status of your proposal with each funding source if applicable
- d. If you get partial funding how would you adjust your project?
- e. What are the long-term strategies for funding the program/project beyond the grant period?
- f. 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. What are the qualifications and expertise of the individuals responsible for the implementation of this program/project?
- c. Are there any special circumstances that MCCF should be aware of regarding your organization or the program /project?

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