



COMMUNITY FOUNDATION
of South Lake

2017-2018 GRANT APPLICATION

Thank you for your interest in applying for a non-profit investment from the Community Foundation of South Lake. We are so proud to serve the community of South Lake County. Applications are **due by February 28, 2018 at 12:00pm, no exceptions.** Award notifications will be made in April 2018.

Community Grants:

- Are awarded up to \$10,000.
- Must be used within the 1 year time frame outlined in the award agreement. Any expenditure changes must be approved, in writing, by CFSLC prior to implementation by the grantee.
- Are awarded to non-profits who have specific program or capacity needs.
- Indirect costs cannot exceed 20% of the ask.

Applicants are required to:

- Be an active 501(c)(3); including non-profits, churches, schools, cities, etc.
- Complete an application in its entirety
- Provide all attachments requested as applicable
- Use the funds requested to serve South Lake County (includes Clermont, Ferndale, Groveland, Mascotte, Minneola, Stuckey, and Montverde). Please note that this does not exclude organizations that are physically outside the geographical area but the grant investment must directly serve South Lake County residents
- Have a minimum of one year of financial data (refer to page 4 of the application)
- Submit application and attachments via Drop Box on-line

Ineligible Applicants:

- Direct support for organizations such as band boosters or parent associations that support public schools, unless they are a registered 501(c)(3)
- Organizations who have not been established and running as a 501(c)(3) for 1 year or more
- Endowments
- Capital Campaigns
- Fundraising expenses, sponsorship, or thrift stores
- Lobbying, activism, or litigation
- No support for religious organizations for religious purposes

Community Foundation of South Lake GRANT APPLICATION

2150 Oakley Seaver Drive, Clermont, FL 34711
Ph: 352.394.3818



ORGANIZATION SUMMARY

Name of Organization: _____

Name of CEO/ED: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____ Fax: _____

Website: _____

Tax ID Number (FEIN): _____ Year Founded: _____

Do you use the EIN/Tax ID of a national or other organization with which you are affiliated?

Yes No

If yes, please provide the name of the national/other organization: _____

Is your organization an IRS 501(c)(3) not-for-profit in good standing? Yes No

*Did someone from your organization attend the CFSLC Grant Workshop? Yes No

CONTACT INFORMATION

Name of Contact Person for Application: _____

Contact phone: (____) _____ Contact email: _____

PROGRAM

Proposed Grant Use: Direct Services equipment/infrastructure Other

Grant focus area: ___ Health or Human Services ___ Education ___ Arts ___ Basic Needs
___ Animal Services ___ Other (fill in) _____

Program Dates: Start _____ End _____ **start must be after grant is awarded.*

MM/DD/YY

MM/DD/YY

What is the geographical area served by the organization? _____

What geographical area will the requested funds impact? _____

What is the organization's Mission Statement?

Describe the project the requested funds will support. *Describe the program, supporting evidence for the program need, include the population served. Be very specific, 1000 words or less.*

Provide specifically how the requested funds will be used.

What impact has this program made in the past?

What is the *measured impact* that this program will produce and how will the impact of this program be measured? (what are your goals & what "tools" will be used?)

How is your organization currently involved in South Lake County?

How will the program continue beyond the grant period?

List the names of other organizations/agencies with which your organization is collaborating with, specific to this program. What are the roles of those organizations? (300 words or less; collaboration is not required but encouraged!

FINANCIAL INFORMATION

Total Organizational Budget: \$ _____

Total Budget for Proposed Program: \$ _____

Amount being requested from CFSLC: \$ _____

Has this program been previously funded by CFSLC? Yes No

If yes, what was the last project year? _____

What are other secured or pending funding sources for this program? *(source name and amount)*

If CFSLC awards partial funding, how will partial funding impact the program?

How do you intend to publicly recognize the Foundation if awarded this grant?

SIGNATURE

Applicant Certification:

All information contained in the application is verified to be true and correct to the best of my knowledge. The governing body of the applicant has duly authorized this grant request. The applicant agrees to report to the Foundation on the use of any grant funds received and on the progress of the project to be funded; the applicant will comply with applicable laws, regulations, terms and conditions in effect at the time of grant award. I further understand that the Community Foundation Of South Lake, in evaluating the grant application may review any information submitted as part of this request with advisors of the Foundation's choosing and will treat information submitted by the applicant in a confidential manner. It is understood that submission of this application does not guarantee funding.

Printed Name of CEO/ED:	Title:
Signature:	Date:
Printed Name of Board Chair/Officer:	Title:
Signature:	Date:

ATTACHMENTS

Please include the following forms when uploading this application into Dropbox online. *(Use this page as a check off list for your uploads!)*

- Proof of 501(c)(3) determination letter
- CFSLC's Budget Forms *(Do not alter the format of the budget forms.)*
 - Organization Budget Form
 - Program Budget Form *(specific to funding being requested)*
- Most recent 990
- Copy of most recent audit (if applicable)
- List of Board of Directors & their affiliations
- High Resolution Organization Logo
- This completed application