

# MCCF Community Impact Grant Program - Programing 2023

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*Madison County Community Foundation*

## *Request Summary*

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### **Organization Mission\***

Please share your organization's mission.

*Character Limit: 10000*

### **Focus Area of Organization\***

#### **Choices**

- Arts and Culture
- Civic Affairs
- Economic Development
- Education
- Food Insecurity
- Health
- Human Services
- Other
- Quality of Life

### **If you chose "Other" please explain**

*Character Limit: 250*

### **Project/Program Name\***

Name of Project/Program

*Character Limit: 100*

### **Project Description\***

*Character Limit: 500*

### **Is this a current, new or expansion of a project/program?\***

#### **Choices**

- New Project/Program
- Current Project/Program
- Expansion of Project/Program

### **Geographic Area Served\***

Select all areas you plan to serve with this specific project/program.

#### **Choices**

- Alexandria

- Anderson
- Elwood
- Frankton
- Lapel
- Pendleton
- Other

**If you selected "Other" please indicate**

*Character Limit: 100*

*Current Project/Program Additional Narrative*

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**Why is the current project/program needed?\***

*Character Limit: 1500*

*Project/Program Expansion Additional Narrative*

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**How is this project/program expanding?\***

*Character Limit: 1500*

*Previous Funding Question*

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**Have you previously received funding for this specific project from MCCF?\***

**Choices**

- Yes
- No

*Previous Funding*

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**Explain previous funding\***

Explain previous funding for THIS project/program only.

*Character Limit: 1750*

*Narrative*

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Every application is different, and therefore appropriate length for each response will vary. Concise, well-written narratives are highly recommended.

**Project Need\***

What need(s) in Madison County does this project/program address? Please provide data to support this need.

*Character Limit: 1750*

**People Being Served\***

Who in Madison County will directly benefit from this project/program?  
Please provide all relevant information about the people being served, which may include economic status, race/ethnicity, and/or the specific city/district/neighborhood being served.

*Character Limit: 1750*

**Youth Being Served\***

How many youth (ages 0-18) will directly benefit from this project? If none enter "0"

*Character Limit: 6*

**Adults Being Served\***

How many adults (ages 18+) will directly benefit from this project? If none enter "0"

*Character Limit: 6*

**Seniors being served\***

How many seniors (ages 65+) will directly be served? If none enter "0"

*Character Limit: 4*

**Collaboration\***

Do you plan to partner with any other organizations?

**Choices**

Yes

No

**Expected Outcomes\***

What difference do you anticipate this program/project will make for the residents of Madison County?

*Character Limit: 1750*

**Success\***

What does a successful program/project look like for you?

*Character Limit: 1750*

**Measuring Success\***

Describe the tools, methods, and/or strategies that will be used to measure the outcomes.

*Character Limit: 1750*

### Similar Projects\*

Are other similar programs/projects already happening in the community? If yes, please explain what is being done AND how your program/project is different.

*Character Limit: 1750*

## Collaboration

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### Partners\*

Please share collaboration details. Please include name of organizations and the role they will play in this project/program.

*Character Limit: 1750*

## Financials

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### Amount Requested\*

**Maximum request of \$5,000**

*Character Limit: 20*

### Total Project Amount\*

*Character Limit: 20*

### Current Operating Budget\*

*File Size Limit: 3 MB*

### Financial Statement\*

Please upload your most recent financial statement. This can be a bank statement, statement of financial position, balance sheet, etc. Formal audits are not required.

*File Size Limit: 10 MB*

### Budget Form

*You do not need to use every row on this table, only what's necessary for your request. Be as specific as possible with your categories.*

*Click here to see a sample budget*

Category	Amt. requested of MCCF	Amt. from other sources	In-Kind Donations	Total


**Partial Funding\***

Should you only receive partial funding, how will you proceed with this project/program ? Are there components that are more critical than others? If so, please prioritize the components. *It would be helpful to reference the categories on your completed budget form.*

*Character Limit: 1750*

*Supplemental Documents*

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Please upload any additional materials that might prove helpful to the committee regarding your request.

*Examples may include: photos, event flyers, program brochures, etc.*

**Please combine all items into one document (PDF) prior to uploading.**

**Upload supplement documents here:**

*File Size Limit: 10 MB*

*Primary Project/Program Contact*

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**Primary Contact Person for Project/Program**

Please include the name and contact information for the primary person in charge of this project/program.

*Leave blank if the grant writer is the primary person in charge.*

*Character Limit: 250*

**Job Title**

*Character Limit: 150*

**Email Address**

*Character Limit: 254*

## Educational Opportunities

Did someone from your organization attend any of the educational sessions offered in first quarter 2023?

Please select all that apply.

### Choices

Fundraising Part 1

Fundraising Part 2

Strategic Planning

[Link to Applicant Facing Collaborator Feature](#)

If you are NOT the contact person for the project/program and would like for them to collaborate on the application with you please follow these instructions and invite the Primary Contact.