

# MCCF Community Impact Grant Program -Above and Beyond

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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*

### **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*

## 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 should be your YTD statement of activities.

File Size Limit: 10 MB

### Partial Funding\*

Should you only receive partial funding, how will you proceed with your plan?

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: 2500

## 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.

## *Type of Request*

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**Which type of funding request are you submitting?\***

### Choices

Agency Endowment Match  
Above and Beyond-Capital Improvement, Capacity Building, etc.

## *Above and Beyond*

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**Project/Program Name\***

Name of Project/Program

*Character Limit: 100*

**Request Description\***

Brief description of request.

*Character Limit: 2500*

**Project Description\***

Brief description of request.

*Character Limit: 250*

**Why is your organization submitting this request?\***

Explain how your organization came to this decision.

*Character Limit: 1500*

**Expected Outcomes\***

What difference do you anticipate this program/project will have on your organization?

*Character Limit: 2500*

**Success\***

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

*Character Limit: 2500*

### Measuring Success\*

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

*Character Limit: 2500*

## Agency Endowment Fund Matching

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### Did you attend Agency Endowments 101?\*

#### Choices

Yes

No

### Will your agency be financially contributing to your fund?\*

#### Choices

Yes

No

### Marketing Efforts\*

Describe your plan to market and raise money for your agency endowment through Nov. 30. What are the components of promotion and execution, etc.

*Character Limit: 5000*

### Resources Needed\*

What resources do you need from MCCF? - explanation of fund purpose, promotional flyers, donation link/ QR code (existing funds), meeting with board/committee, etc.

*Character Limit: 1000*

### Does your agency currently have an endowment at MCCF?\*

#### Choices

Yes

No

## Existing Agency Fund

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### What role has the fund played for your agency and how have you cultivated it?\*

*Character Limit: 1000*

## New Agency Fund

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### What makes now a good time?\*

*Character Limit: 1000*

## *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, program materials, training brochures, etc.*

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

**Upload supplement documents here:**

*File Size Limit: 10 MB*