MCCF Community Impact Grant Program - Operations 2023

Madison County Community Foundation

Organizational Profile

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

Geographic Area Served*

Select all areas your organization serves.

Choices

Alexandria

Anderson

Elwood

Frankton

Lapel

Pendleton

Other

If you selected "Other" please indicate

Character Limit: 100

Board of Directors*

Please upload your Board of Directors list.

File Size Limit: 5 MB

Diversity*

Does your Board of Directors reflect the community and clientele you serve? Please explain.

Character Limit: 1750

MCCF Fund

MCCF Fund*

Does your organization have a fund held at the Madison County Community Foundation?

Choices

Yes

No

MCCF Fund*

Please describe the fund you have with MCCF and how does it support your operations?

Character Limit: 1000

Narrative

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

Financial Factors*

Please explain the factors, positive and/or negative that have contributed to your current financial position over the past 12 months.

Character Limit: 3500

Financial Plans*

What steps have your organization taken to course correct, or maximize opportunities to advance its financial position? Does your strategic plan address these steps?

Character Limit: 3250

Financial Difference*

What difference would \$1,000/\$2500/\$5000 make in your organization budget?

Character Limit: 3250

Financial Use*

Please explain how you would use this operational support?

Character Limit: 2500

Women and Children*

Does your organization primarily and/or exclusively serve women and children in Madison?

Choices

Yes

No

Project Need*

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

Character Limit: 2500

Financials

Amount Requested*

Maximum request of \$5,000

Character Limit: 20

Current Operating Budget*

This budget should include revenue and expenses.

File Size Limit: 3 MB

Fiscal Year*

Please choose your fiscal year.

Choices

Calendar

July 1- June 30

Financial Statement*

If you operate on a calendar year please upload your current YTD compared to budget. If you operate on a July 1-June 30 year please upload your year end statement.

File Size Limit: 10 MB

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