

2024 Impact Grant Cycle

Madison County Community Foundation

Organization Summary

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

2024 Operational Budget*

File Size Limit: 3 MB

2023 Year-End Balance Sheet*

Please upload your 2023 year-end balance sheet (statement of financial position)
The statement of activity should reflect the time period 1/1/2023 - 12/31/2023. If your fiscal year is not the calendar year, please upload the income statement from your most recent, completed fiscal year.

File Size Limit: 5 MB

Previous Funding*

Please share any grant funding you have received from MCCF in the past 3 years (post-covid.)
Include amount and purpose.

If none, please enter "None"

Character Limit: 3250

Board of Directors*

Please upload your current board roster including addresses (minimum info: City and/or Township) and terms.

File Size Limit: 7 MB

Collaboration

Is your organization currently or has it recently collaborated with at least one other organization in order to more effectively serve the community? *We define collaboration as formally or informally working with another entity to create or accomplish something.*

The collaboration does not need to be related to this proposal.

If so, please describe the nature of the collaborative effort and any outcomes achieved.

Character Limit: 10000

Request Summary

Funding Request Type*

Choices

- Programming
- Capacity Building
- Capital Improvement

Project/Program Name*

Name of Project/Program

Character Limit: 100

Request Description*

Character Limit: 1000

Amount Requested*

Maximum request of \$10,000

Character Limit: 20

Total Project Amount*

Character Limit: 20

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: 2500

Programming Narrative

Program 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 | Amount secured from other sources | Amount invested by organization | Total |
|----------|------------------------|-----------------------------------|---------------------------------|-------|
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Every application is different, and therefore appropriate length for each response will vary. Concise, well- written narratives are highly recommended.

Community Need and Benefit*

What is the challenge or need that will be addressed and how will the community benefit?
What is the research, local statistics, or evidence that shows this need exists and/or this program will provide benefit?

Character Limit: 10000

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: 5000

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

Goals & Objectives*

Provide program-specific goals and objectives.

For each goal/objective, explain how you will measure the outcomes and effectiveness.

Include past results from this program/project (if applicable).

Character Limit: 10000

Sustainability (Program)*

Provide a description of the program's long-term plan and how the program will be sustainable past the grant's time frame.

If collaborating with other organizations, describe how each interested party will stay accountable in sustaining the program.

Character Limit: 10000

Implementation Timeline (Program)

If you have a timeline for this specific program/project please upload an excel, word or PDF document of your implementation plan.

File Size Limit: 10 MB

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: 2500

Partners*

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

If your proposal necessitates buy-in or collaboration from another organization, you are highly encouraged to attach a letter of support in an "Additional Document" field in the Attachments section of this application.

Character Limit: 2500

Letter of Support/Collaboration

Please attach letter(s) of collaboration from organizations involved in this specific program/project.

If you have multiple letters you should combine into one document and upload.

File Size Limit: 10 MB

Capital Improvement Questions

Only complete this section if you are applying in the funding area of Capital Improvement.

Request Description*

Explain exactly how the requested funds would be used.

Character Limit: 3500

Plan and Timeline*

Describe your plan and timeline for implementing these capital improvements.

Character Limit: 3000

Sustainability (Capital)*

Describe your organization's plan to sustain and maintain this capital expenditure.

Character Limit: 10000

Capital Improvement Expense*

Total cost for this capital improvement project.

Character Limit: 20

Funds Raised to Date*

What funds have already been raised to-date toward this capital improvement project? If none, type "0".

Character Limit: 20

Funds requested*

How much funding have you requested from other funding sources for this capital improvement? If none, type "0".

Character Limit: 20

Funds Committed*

What funds have been committed but not yet received for this capital improvement project? If none, type "0".

Character Limit: 20

Organization Investment*

How much funding does your organization plan to invest in this capital improvement? If none, type "0".

Character Limit: 20

Organizational Capacity Building

Organization Investment

Within the last 3 years, has your organization made an investment of time, money, or other resources in strengthening your organizational capacity?

This could include but is not limited to:

- Strategic planning
- Board development
- Operating endowment building
- Professional development for staff and/or volunteers
- Succession planning

If so, please describe your recent capacity-building efforts.

Character Limit: 10000

Capacity Building Efforts with MCCF*

This organization has participated in the following capacity-building opportunities with MCCF: (Select all that apply)

Choices

Fundraising Part 1

Fundraising Part 2
Strategic Planning
Agency Endowment Fund
Agency Endowment Fund Matching grant
None

Board Engagement*

Describe your board's level and depth of engagement in your organization's mission. Things to consider: How do the members support the organization? Do they give financially? Do they serve on committees? Do they engage in fundraising efforts?

Character Limit: 5000

Supplemental Documents

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

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

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.

Link to Applicant Facing Collaborator Feature