



COMMUNITY FOUNDATION OF KANKAKEE RIVER VALLEY

COMMUNITY NEEDS GRANT APPLICATION

Please complete this application and return the **original plus six copies (total of 7 collated copies)** to the Community Foundation of Kankakee River Valley, 105 E Court St, Kankakee, IL 60901, postmarked by Friday, **March 7**. Please print neatly or type. If you have questions, please call the Community Foundation at 815-939-1611.

Name of Organization: _____
 Contact Person/Title: _____
 Address: _____
 City/State/Zip: _____
 Phone Number: _____ Fax Number: _____
 Email: _____ Website: _____

Please list any grants the Community Foundation has awarded to your organization (if applicable):

Year of Award	\$ Amount	Briefly describe the purpose of the previous grant

Please describe your current grant request in the box below:

Maximum grant request \$10,000

Project/Purpose of Current Grant Request:

Anticipated Project Dates: From: _____ To: _____

Total Project Cost: \$ _____	Amount Requested from the CF: \$ _____ <i>Maximum grant request \$10,000</i>
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Target population served by the project/purpose:

Approximate number of County residents served by this project/purpose:

Signature, Chairperson, Board of Directors

Date

Signature, Executive Director, Principal Agent

Date

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Project Description

Please include the following in your description:

- ⇒ General description of the project
- ⇒ Evidence of need for the project
- ⇒ Qualifications of key personnel involved
- ⇒ Plans for future funding of the project
- ⇒ Specific purpose of funds requested
- ⇒ Activities planned to meet objectives
- ⇒ If collaborative, details of collaboration
- ⇒ Expected benefits and outcomes of the project
- ⇒ Target population served
- ⇒ Time required to complete activities

Attach additional pages if necessary

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Project Budget

To help us understand your entire project, please list all expenses (including those already incurred) and funding (including monies already received) associated with your proposed project. If applicable, please include in-kind donation/non-cash support. Total expenses (Line 10) should not exceed total project funding (Line 17).

A. **Project Expenses** - Include a description and amount of all costs associated with your project. Be as specific as possible. For each expense, please label the funding source supporting that expense as either **CF** (Community Foundation) or **Other** (Other source). Call the CF Office if you need clarification.

<i>Description of Expense</i>	<i>\$ Amount</i>	<i>CF or Other</i>
1	\$	
2	\$	
3	\$	
4	\$	
5	\$	
6	\$	
7	\$	
8	\$	
9	\$	
10 <i>Total Project Expenses (sum of lines 1-9):</i>	\$	

B. **Project Funding** - Include the source and amount of all funding for your project. Also, please indicate **R** (Received), **C** (Committed, but not yet received), or **A** (Applied for) for each amount. Funding sources could include grants, donations, fundraising income, allocated internal funds, etc.

<i>Revenue Source</i>	<i>\$ Amount</i>	<i>R, C, or A</i>
11 CF Grant (Amount requested in this application)	\$	A
12	\$	
13	\$	
14	\$	
15	\$	
16	\$	
17 <i>Total Project Funding (sum of line 11-16):</i>	\$	

Community Foundation Needs Grant Application Attachments

- Most current Federal IRS determination letter indicating non-profit status
(First time applicants only - 1 copy only)

- Organization Case Statement - Includes Mission Statement, brief history of the organization, services provided, the total number of County residents served annually, and any additional accomplishments. *(Required - 7 copies total)*

- List of Board of Directors/Trustees *(Required - 7 copies total)*

- Current total organizational operating budget *(Required - 1 copy only)*

- Copy of latest financial statements (*i.e. Form 990 or Audit*), including financial statements of any affiliated Foundation. Note - This attachment does **not** apply to municipal government or public education institutions. *(Required - 1 copy only)*

- If this project is collaborative in nature, please include a letter of support or agreement from each of the key participants in the project *(Required - 7 copies total)*

- Photos and/or additional support material *(Optional - 7 copies total)*

It's OK to save paper by submitting two-sided copies (this is optional)

Date Submitted: _____

Committee Review: _____