

White County Community Foundation  
Affiliate of Greater Lafayette Community Foundation

Grant Application

**ORGANIZATION**

Organization's Legal Name

Street & Mailing Address

City, State, Zip

Phone

Fax

E-Mail

President/CEO

Contact Person (*if different from above*)

Phone

Federal ID#

Organization's Mission Statement:

**PROJECT INFORMATION**

Project Name/Activity

\$  
Amount Requested

\$  
Total Project Cost

Project Timeline (*start and completion dates*)

**SIGNATURE AUTHORIZATION**

President/CEO

Date

1. **Organization:** Describe your organization's primary purpose and history.

2. **Need:** What are the community needs this project will try to address?

3. **Purpose:** Please describe the nature and purpose of this project.

4. **Benefit:** How many people will benefit from this project and what geographical area will be served?

5. **Coordination:** List all organizations and key persons that will be responsible for this project.

6. **Time line:** Please include a project time line detailing anticipated start and completion dates.

7. **Funding sources:** Please list other contributors to this project, include organization's name, amount and status.

8. **Sustainability:** How will this project be financed in the future?

9. **Impact:** Describe the effect of this project on your organization, staff, clients, and the community.

10. **Other:** If only partially funded by WCCF, would the project still occur? YES NO Please explain.

11. **Attachments:**

- a. **Detailed Budget** – include a detailed budget for the project. Please use the attached form or you may reproduce the form on your computer provided the format is closely followed.
- b. **Financial Statements** – include your organization’s most recent year-end income/expense report and balance sheet and a current operating budget.
- c. **IRS Determination Letter** – include a current IRS determination letter showing exemption from federal income taxes under Section 509(a) of the IRS Code and your 501(c)(3) status.
- d. **Board Members** – include a list of your current Board members, their occupations and addresses.
- e. **Board Resolution** – include a copy of the Board resolution authorizing your organization to apply for funding from the White County Community Foundation.

12. **Submit to:** White County Community Foundation  
1001 South Main Street  
P.O. Box 1154  
Monticello, IN 47960-1154  
(574) 583-6911

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**For WCCF Use ONLY:**

Date Received \_\_\_\_\_ Proposal # \_\_\_\_\_

Category/Field of Interest \_\_\_\_\_

Date \_\_\_\_\_ Approved \_\_\_\_\_ Declined \_\_\_\_\_ Amount Awarded \$ \_\_\_\_\_

Conditions \_\_\_\_\_

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## Project Budget Form

**Income:**

Source	Amount Pending	Amount Committed
Foundations		
Corporations		
United Way & other federated campaigns		
Religious institutions		
Government grants & contracts		
Program service revenues		
Membership		
Interest & dividends		
Fundraising events & products		
In-kind support		
Other income (specify)		
<b>Total</b>		

**Expenses:** Please attach bids or estimates for **ALL** items.

Item	Total Amount	Portion Requested from WCCF
<b>Total</b>		