



2019 SHORT FORM APPLICATION

I. COVER PAGE:

For which grant(s) are you applying? _____ Date of Application: _____

Organization Name: _____

Physical Address: _____

Mailing Address (if different): _____

Telephone Number: _____ Email: _____
(optional, used for our mailing list)

Organization's Tax Identification Number: _____

What is your nonprofit status? _____

Enclose IRS 501(c)(3) letter (required) or explain your charitable status if not a 501(c)(3). (e.g. Unit of Government)

When was your organization established? (e.g. Year 501(c)(3) status was received) _____

When does your fiscal year end? (e.g. June 30) _____

What is your service area? Polk County Landrum Other (Explain in section II. A. 2.)
(Check all that apply)

List the number of paid staff at your organization. _____ F/T _____ P/T

Summarize your organization's mission in the space provided: _____

Name and Title of Head of Organization (CEO/Executive Director/President/Board Chair/Superintendent):

Name: _____ Title: _____

Telephone Number: _____ Email: _____

Your Organization's Designated Representative for Grants (if different from above):

Name: _____ Title/Role in the organization: _____

Telephone Number: _____ Email: _____

Does your organization have any overdue Final Grant Reports from past grants? Yes No
(Please note that Final Grant Reports for projects related to or similar to this request may be required for the committee's review. We recommend that you submit overdue and related grant reports as soon as possible.)

Project Description: _____

Grant Request Amount: \$ _____ Total Project Budget: \$ _____

Date funds will be spent by: _____ (month/year). Are you requesting an extension of time so you have more than one year to spend the grant funds? Yes No

II. NARRATIVE:

- A. On a separate sheet, please answer each of the following questions. Please type or print clearly: (this may be used to publicize successful grant applications)
1. Summarize your organization's mission in two or three sentences.
 2. What is your organization's service area? For example, where do your clients, donors, volunteers, members, or program participants reside?
 3. Please explain your project in detail.
 4. How will the project benefit the community?
 5. Why does your organization want to do this project? What are your goals or objectives?
 6. Who are the primary beneficiaries of this project? If the proposal includes an event component, how many participants do you expect to attend and how will you invite them?
 7. Who will be involved in carrying out the plans outlined in this request? Include a brief summary of the qualifications of the key individual(s) involved.
 8. If you receive a grant, how will you make community residents aware of your grant from the appropriate fund at the Polk County Community Foundation?

III. REQUIRED ATTACHMENTS:

- A. Attach a detailed project budget on a separate sheet. The total on your attached detailed project budget should match the "Total Project Budget" listed on the cover sheet. List other funding sources for this project, if any. *Note: For events, you may budget for costs associated with arranging alternative rain dates and locations. Please contact the Foundation with questions about this.*
- B. Attach an Operating Statement for the most recently completed full fiscal year detailing expenses and revenues (income) by category. Operating Statements without income categories and dates are incomplete. This must specify the time period (January 1 - December 31, 2018 if your fiscal year is the calendar year) and be labeled "Operating Statement," "Revenues and Expenses," or the like to distinguish this financial document from budgets and balance sheets.
- C. For the convenience of the committee reviewing your application, please complete the "Grant Fund Checklist" attached with this application. Submitting this form assists the committee in determining which fund or funds are most appropriate for your project and if you meet all of the criteria you may receive funding from a grant fund similar to the fund you indicated on the cover page.
- D. 501(c)(3) letter (see cover page).
- E. For Bosien and Student Intern Program grants, please see the grant guidelines for these funds, which include a required supplement to this application.

If your organization does not have a history of grants with the Foundation, additional information may be required. Please confirm the information listed for your grant contact is correct and that s/he is reachable in the weeks following the submission of your application.

IV. OPTIONAL ATTACHMENTS:

- A. Your application may be stronger if you include one or two hand-signed letters of support from individuals familiar with or who will benefit from this proposed project.
- B. You may also include up to ten pages of supplemental materials to help explain your grant proposal and familiarize the committee with your organization.

(Note: This checklist is not required for Student Intern Program applications)

This form helps the Foundation best match projects to available grant funds. The committee reviewing your application may determine that the project is more appropriate for a fund other than the one for which you applied.

Complete This Section For All Projects:

1. Will your project advance agriculture in the community? Yes No
2. Will your project primarily benefit the residents of Saluda? Yes No
3. Is your project for an event or series of events? Yes No

Complete This Section For Event Proposals Only

(Answer completely. Attach additional sheets if needed):

4. Will your event(s) take place in the Tryon area? Yes No
5. Will your event(s) take place at Harmon Field? Yes No
6. Will your event(s) take place at Rogers Park? Yes No
7. Will your event(s) take place in Saluda? Yes No
8. Will your event(s) focus on medical or health education? Yes No
9. Will you advertise your event(s) to audiences outside of the Polk County/Landrum area? *If yes, please explain on an attached sheet.* Yes No
10. Will you charge admission to the event(s)**? *If yes, please explain on an attached sheet.* Yes No
11. Will refreshments or other items be sold at the event(s)**? *If yes, please explain on an attached sheet.* Yes No
12. Will attendees have the opportunity to make a donation at the event?** *If yes, please explain on an attached sheet.* Yes No
13. Will you need other sponsors to hold the event(s)**? *If yes, please explain on an attached sheet, listing confirmed or potential sponsors.* Yes No
14. Have you held this type of event before? Yes No
15. Is your organization required to hold this type of event? Yes No
16. Will attending this event help residents meet other people in our community? Yes No

**** Events funded through the Free Community Events grant program, as well as the Kirby Rogers Park, Kirby Harmon Field, and Kirby Civic Event Funds must be 100% free, meaning that attendees may not be asked for contributions and the events may not include the sale of food or merchandise, or charges for entertainment.**

*****For Kirby event grants, gifts of merchandise and money as well as volunteers are most welcome to defray additional costs beyond those covered by the grant. However, the giver must remain anonymous, so that the event in no way becomes a marketing venture. This means that Kirby events cannot recognize other sponsors.**

SIGNATURE PAGE:

I certify that the information contained in this proposal is true to the best of my knowledge and I have the authority to commit the organization to this project.

I understand that the Foundation may require an interview. Interviews will be scheduled for the dates listed on the Foundation's current Dates & Dollars sheet. Our organization will save the dates listed and will be able to send one or two people to discuss this grant at the assigned date and time.

I have read the "Additional Application Hints and Requirements" below.

This must be signed by the person who is listed as the head of your organization on the cover page.

Signature

Date: _____

Printed Name

Title: _____

Brief Project Description

Additional Application Hints and Requirements:

Deadlines: The deadlines listed on our "Dates & Dollars" sheet are the last possible dates to submit applications. You may set your own earlier deadline if the date posted is inconvenient. Applications may be submitted as soon as they are available on our website and in our office.

General Application Requirements: Answer every question, leaving no blanks. Incomplete, incorrectly formatted, late, electronically delivered or faxed applications, and applications that do not follow all instructions shall not be considered for funding. All application materials must be submitted together in one package.

Application Format: Some sections of the application require you to fill in blanks by either completing the paper form or the electronic .pdf version available for download on our website. Responses may be saved on the electronic version and printed out to submit with additional materials required by the application. Recreating forms by re-typing, copying and pasting, etc., causes formatting changes that alter the original application, and make applications more difficult to process; therefore, submitting recreated forms will automatically make your application incomplete.

Application Certification: If you wish, you may schedule an appointment well in advance of the deadline with our Director of Grants. During your appointed time, you may ask the Director of Grants to certify that your application has been turned in on time and is complete. The Director of Grants does not have the authority to certify that incoming applications comply with all Foundation policies and IRS mandates. Because any error will prevent this application from being considered, we recommend that you take advantage of this opportunity to have your application reviewed.

Please submit applications to:

**POLK COUNTY COMMUNITY FOUNDATION
255 South Trade St.
Tryon, NC 28782**

*If you would like to submit your application early, outside of our normal business hours,
we have a drop slot in our entrance door available for your convenience.*