

**COLUMBUS COMMUNITY FOUNDATION  
P.O. BOX 323  
COLUMBUS, KS 66725**

**APPLICATION COVER PAGE**

DATE OF APPLICATION \_\_\_\_\_

**ORGANIZATION INFORMATION**

Legal name and Tax I.D. # of Organization (as it appears on your IRS exemption letter)

\_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Executive Director \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail address \_\_\_\_\_

**PROPOSAL INFORMATION**

Program Name \_\_\_\_\_

Brief Description of Project

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Sponsoring Organization (If different from above)

\_\_\_\_\_

Dollar amount being requested \$ \_\_\_\_\_ Total anticipated project budget: \_\_\_\_\_

Annual organization budget \$ \_\_\_\_\_

Expected duration of project from \_\_\_\_\_ to \_\_\_\_\_  
month/year month/year

**REQUIRED SIGNATURES**

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Board Chair

# GRANT PROPOSAL

Please be concise and use the following format.

## Cover Page

1. Project title, brief summary of the project and amount of request.
2. Organization's name, contact person and title, mailing address, phone and fax number, and e-mail address.
3. Date of submission.

## Organizational Information

1. Organization's mission statement.
2. Brief description of organization's history.
3. List of officers and directors and their principal occupations.
4. Names, titles, and phone numbers of the three professionals familiar with the work or your organization.
5. Brief description of your qualifications to undertake this project.
6. Detailed copy of the latest annual operating budget reflecting expenditures and receipts, and a statement of assets.

## Needs Assessment

1. What is the situation, problem or opportunity that drives your project?
2. What individuals within and outside your agency will carry out the project?
3. Will any other organizations assist or partner with you in the implementation of the project?
4. How does the proposed approach fit the identified need?
5. How does this project relate to the organizational plan or mission?
6. Does this project have the approval of your board of directors? Please provide a copy of your board meeting minutes or a letter signed by two officers indicating this approval.
7. What is the organization's timeline for achieving the project objectives?
8. What organizational resources (funds, staff, facilities, etc.) will be needed in order to carry out this project? Are they in place in your agency?

## Project Evaluation

1. What measurable outcomes do you expect from this project? (Please give a numerical response to this question)  
For example, depending on the focus of your project:
  - a) How will lives be changed as a result of this project?
  - b) How will the community be improved, short-term and long-term, as a result of this project?
  - c) How will your organizational capacity be increased as a result of this project?
2. Organize and list outcomes in short and long-term categories. Short-term outcomes extend beyond the grant period and should relate to the needs described in Needs Assessment. Long-term outcomes extend beyond the grant period and should also relate to the needs described in Needs Assessment. The Columbus Community Foundation only requires documentation of short-term outcomes. If your plan is to document long-term outcomes, please describe.
3. Who will have primary responsibility for evaluation of this project?
4. What is the timeline for evaluation of the project?

## Budget

1. What are the projected income and expenses related to your project including this grant and other funds?
2. In order to complete your proposed project, is any additional money needed beyond the grant you are requesting from the Columbus Community Foundation? If so, what is the plan for raising the needed funds?
3. What other funding sources have been approached or committed to support the project?
4. If you have not identified outside funding to continue your project by the last quarter of the grant period, what will happen to the project?

## SUBMITTING YOUR PROPOSAL

For applicants to be considered, they must be received by the 10<sup>th</sup> day of each quarterly month (i.e. March, June, September, & December.)

The grant proposal should utilize an 8.5 x 11 single sided, one-inch margins, single spacing and 12-pt type. Please submit 13 proposals, stapled but not bound to:

**Columbus Community Foundation  
P.O. Box 323  
Columbus, KS 66725**