



Community Fund Management Foundation d/b/a Community Fund Ohio

Grant Application for Nonprofit Organization

HOW TO SUBMIT AN APPLICATION

The enclosed application form must be filled out completely, typed or legibly written in black or blue ink, single-sided, and on 8.5x11" paper. No more than forty (40) single-sided pages will be accepted. Please do not send bound booklets or marketing materials that do not comply with these requirements. Completed applications should be sent to Community Fund Ohio's Administrative office via regular mail or fax (not email):

Attn: Grants
Community Fund Ohio
17900 Jefferson Park, Suite 102
Middleburg Heights, OH 44130
Phone: (216) 736-4540
Fax: (216) 867-9783

WHEN TO APPLY AND HOW APPLICATIONS WILL BE REVIEWED

Applications may be sent to Community Fund Ohio at any time but will be reviewed biannually. Community Fund Ohio's deadline to receive completed applications is the last day of the biannual period as follows:

June 30 and December 31

Each applicant will receive a confirmation letter within 2-3 weeks after the application is received. If an application is incomplete or lacks required supporting documents, the sender will be notified if the sender's information can be identified. Applications that remain incomplete or are missing supporting documents at the biannual deadline will be denied.

Community Fund Ohio's Planning Committee will review all complete, submitted applications on a biannual basis after June 30 and December 31. Only those applications that are complete and that meet all eligibility criteria and requirements will be considered for approval. However, the Committee has complete discretion to approve or deny any application, even if it meets all requirements.

Each applicant shall be notified of the Committee's decision within forty-five (45) days after the end of the biannual period. Applicants who receive a denial may submit a new application in a future biannual period.

Please note: Available funds could be exhausted through approval of applications received during the first half of the year, so it may be in applicants' best interest to submit applications by June 30.

Grant Application for Nonprofit Organization

Grant Applicant

This application is for the following nonprofit organization ("Grant Applicant"):

Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

EIN: _____

Has this Grant Applicant previously applied for a Community Fund Grant for Nonprofit Organization? NO YES

If Yes, what was the outcome of the previous application?

Denied Approved \$ _____ Amount Awarded

Please Note: While a qualifying organization may submit multiple grant applications, the combined value of all grant(s) awarded to the same organization shall not exceed \$20,000.

Submission Applicant

This application is being submitted by the following person on behalf of the Grant Applicant (must be an officer or director of the Grant Applicant):

Name: _____

Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

The Submission Applicant authorizes the following additional individuals to communicate with Community Fund Ohio regarding this application (*please list names and titles*): _____

Information Regarding Grant Request

1. Amount Requested: \$ _____

2. Check Made Payable To: Grant Applicant Other: _____

3. Please attach a detailed explanation of the reasons for this grant request. Please include the following information:
- a. **Project clarity and focus:** The project to be funded should be clearly defined and disability-related. Projects that address unmet needs, projects that expand services, and special or one-time projects will be favored.
 - b. **Permissible uses of grant funds:** Grant request purposes may include, but are not limited to, expansion of disability-related services, purchase of accessible vehicles for transporting clients, facility improvements for greater accessibility, or purchase of equipment or technology that will enable the organization to better serve people with disabilities. A grant will not be awarded for expenses that may be categorized as typical operating expenses or overhead, including, but not limited to, rent, property taxes, or employees' salaries. Please see the documentation requirements set forth in item 5 on page 4 of this packet.
 - c. **Population to be served and geographic restrictions:** The Applicant must describe the specific population and number of people that will be served if this grant is approved. Please note that the project must serve Ohio residents with disabilities.
 - d. **Demonstration of need:** The Applicant must identify how the project addresses an unmet need. For projects that expand existing services, the application should demonstrate active coordination with the existing services or service providers.
 - e. **Other funding sources:** If the Community Fund grant will not fully cover the cost of the project, the Applicant must explain how the balance of funds will be obtained.
 - f. **Evaluation method:** Applicants must demonstrate a plan for measuring and evaluating the effectiveness of the grant and the project to be funded.
 - g. **Grant amount:** While a qualifying organization may submit multiple applications, the combined value of all Community Fund grants awarded to the same organization shall not exceed \$20,000.
 - h. **Project budget:** Please see the documentation requirements set forth in item 5 on page 4 of this packet.
 - i. **Financial information:** Please see the documentation requirements set forth in item 5 on page 4 of this packet.
 - j. **Organizational information:** Please see the documentation requirements set forth in item 5 on page 4 of this packet.

4. Is this request part of a larger project?

NO YES

If Yes, please attach an explanation or documentation showing the total project plan, budget, and amount raised to-date.

5. Please attach the following supporting documents:

Note: All supporting documents must be formatted as single-sided, black and white, 8.5x11" pages that can go through a scanner. Folded brochures, two-sided newsletters, notebooks, binders, plastic folders, etc., will not be accepted. Please limit your entire application including supporting documents to forty (40) single-sided pages.

- a. Detailed documentation to support the grant request, such as a quote, invoice, proposal, etc.
- b. Budget for the project to be funded, including specific information as to how a Community Fund grant would be applied.
- c. If grant request is part of a larger project, explanation or documentation showing the total project plan, budget, and amount raised to date.
- d. Your organization's mission statement or similar documentation.
- e. List of Board members with their professional affiliations.
- f. List of key staff members and their qualifications, or an organizational chart.
- g. Your organization's annual budget for current fiscal/calendar year.
- h. Copy of most recent monthly financial statement.
- i. Copy of most recent financial audit, if applicable. If no audit is available, please provide your organization's financial statements for the most recently completed fiscal or calendar year, including: (1) statement of revenue and expenses; (2) balance sheet; and (3) statement of cash flows.
- j. Copy of IRS documentation identifying 501(c)(3) status.

6. Does your organization have any current or prior relationship with Community Fund Management Foundation d/b/a Community Fund Ohio or with our trustee, The Huntington National Bank, including but not limited to serving as a Community Fund Designated Advocate, serving as a Community Fund Board Member, or having an employee of Community Fund serving on your Board?

NO YES (explain below)

7. Does your organization have any outstanding tax liens, federal suspensions or debarments, criminal or civil investigations, or other criminal or civil matters pending?

NO YES (explain below)

By initialing below, I understand and agree to the following:

- The Grant Applicant (nonprofit organization) has a written policy confirming that it will not unlawfully discriminate in its employment practices, volunteer opportunities, or the delivery of programs or services on the basis of race, religion, gender, national origin, age, medical condition, disability, veteran status, marital status, or sexual orientation.

Initials of Submission Applicant

Date

By signing my name below, I understand and agree to the following:

- I am an officer or director of the Grant Applicant (nonprofit organization) and have authority to submit this application on behalf of the Grant Applicant.
- The Grant Applicant shall not receive more than \$20,000 in combined, approved grants from Community Fund Ohio.
- If this application remains incomplete or lacks required supporting documents on the last day of the biannual period in which it was submitted, it will be denied, and the Submission Applicant will be notified.
- The Grant Applicant and/or the Submission Applicant will notify Community Fund Ohio if information on this application changes prior to Applicant's receipt of the grant. Such notification will be made within five (5) business days of such change. Changes that would require notification to Community Fund Ohio include, but are not limited to, receipt of other funds that render the project fully funded and a Community Fund Ohio grant unnecessary; resignation or termination of the Submission Applicant; loss of the organization's nonprofit status; closure of the nonprofit organization; and notice of investigation of the nonprofit organization by any civil or criminal authority.
- Should this application be approved, the Grant Applicant and the Submission Applicant will cooperate with Community Fund Ohio and provide a written report within sixty (60) days of receipt of the grant funds to confirm that the funds have been used or are in the process of being used for the requested and intended purpose.
- In the event that this application is approved, the Grant Applicant agrees that Community Fund Ohio may disclose the award of the grant and the Grant Applicant's name in Community Fund Ohio's website and/or annual report, and/or through other written or electronic means at Community Fund Ohio's sole discretion.

Signature of Submission Applicant

Date

Printed Name of Submission Applicant

Note: Inked signature is required. If you are completing this form electronically, please print the completed version, sign in blue or black ink, and fax or mail to Community Fund Ohio. Community Fund Ohio does not accept grant applications by email. Please see page 1 of this packet for detailed submission instructions.