



an Affiliated Fund of Midlands Community Foundation

Office Use Only  
Date Received:

# Grant Application Form

Date: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Authorized Signature (CEO, Exec. Dir., etc.): \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

1) Briefly describe the applicant organization, its programs and population served.

a) What is your non-profit's mission statement?

b) What makes your organization unique compared to similar nonprofits? (maximum of 250 words)

c) Briefly describe some of your most successful past projects. (maximum of 250 words)

d) What challenges does your organization face? (maximum of 250 words)

2) Total cost of the proposed project/program: \$ \_\_\_\_\_

Amount requested from Springfield Community Foundation: \$ \_\_\_\_\_

3) Funding Period (include month/day/year): From: \_\_\_\_\_ To: \_\_\_\_\_

4) Indicate the category which **best** describes the purpose of the grant (describe in more detail below if necessary):

*Education  
Health*

*Arts/Culture  
Recreation*

*Community/Civic  
Human Services*

*Economic Development*

5) Budget for the total project or program for which you are applying for Springfield Community Foundation grant funds. Attach documentation if available. In-kind donations and other grant funding (including federal and state) should be listed.

Sources of funds (list)

Amount of each

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Revenues:

\$ \_\_\_\_\_

Expenses (list)

Amount of each

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Expenses:

\$ \_\_\_\_\_

If the grant request is for a multi-year project, please show the budget for each year.

Please provide additional information that may be helpful in understanding the above budgetary figures.

6) Grant Request Details (please briefly describe the following):

- A. **PROBLEM/PURPOSE:** Describe the project/program, including what it will accomplish, what benefits it will provide and what community need it will meet. (maximum 250 words)
  
- B. **IMPLEMENTATION:** How will this project be accomplished? By whom, where, when etc.? Provide numbers and timetable. (maximum 250 words)
  
- C. **POPULATION SERVED:** How many people will be served or affected by this project and for how long? What percentage of the people served or affected live within the City of Springfield or the Springfield Platteview Community Schools? (maximum 250 words)
  
- D. **COORDINATION:** Who else is addressing this need? Are there any coordination efforts between you and them? How does this project's approach differ from other already established efforts? (maximum 250 words)
  
- E. **CONTINUATION:** Will this project require continued funding? If so, identify the source of this future funding. (maximum 250 words)
  
- F. **SUCCESS:** Based on the data in your planning framework, briefly describe how you plan to evaluate the actual results against planned outcomes and outputs. How will you measure the success or sustainability of the grant fund's impact? (maximum 250 words)