

# Smithville Charitable Foundation

## Grant Application Form

The Smithville Charitable Foundation requires an organization to apply for a grant either by mail or email.

Primary contact's name: \_\_\_\_\_

Primary contact's position in the organization: \_\_\_\_\_

Primary contact's mailing address: \_\_\_\_\_

\_\_\_\_\_

Organization's mailing address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

*Submission of an application does not guarantee approval of the grant by The Smithville Charitable Foundation. The Smithville Charitable Foundation will review the application and notify applicant of its decision in approximately 2 – 3 weeks from the application submission date.*

*Denial of application by The Smithville Charitable Foundation does not reflect upon the quality of the program, but reflects the constraints on funds at the disposal of The Smithville Charitable Foundation.*

### Part 1 – Organization Information

1. Provide a brief summary of the organization's history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What are the organization's mission, goals and objectives? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Briefly describe your organization's most significant community program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Does the organization have any political affiliations or support any political efforts? If yes, please describe the type of affiliation and the reason for it.

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5. Does the organization have any religious affiliations? If yes, please describe the type of affiliation and the reason for it.

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6. Does the organization serve people regardless of caste, creed, race, religion, or gender? If no, please explain.

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## Part 2 – Purpose of Grant

1. Briefly describe how the grant will be used. Please also include the following information:

a) Period the grant will cover (in months) \_\_\_\_\_

b) Number of people served by the grant \_\_\_\_\_

c) Overall goals for the organization during the funding period \_\_\_\_\_

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2. Provide a detailed account of how the organization expects to spend the grant money: \_\_\_\_\_

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3. Describe the objectives or ways in which these goals will be met: \_\_\_\_\_

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4. Describe the benefit of the proposed activities and the impact the organization expects to have: \_\_\_\_\_

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5. If this is a continuing project/program, briefly describe its accomplishments so far. Attach relevant supporting documents.

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6. How will the project/program be supported after the termination of the grant? \_\_\_\_\_

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7. If this project/program is a collaborative effort, briefly describe the partners: \_\_\_\_\_

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8. How do you plan to measure the effectiveness of the proposed activities? Who will carry out these activities? Who will be involved in evaluating this work? What are the qualifications for the key individuals involved? \_\_\_\_\_

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9. Please provide two or more references from beneficiaries of projects the organization has been involved with earlier.

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### Part 3 – Financial Information

1. List the major sources of funds the organization has received for this particular project/program: \_\_\_\_\_

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2. Organization's current annual operating budget. Indicate both actual and projected revenues and expenses to date.

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3. Please provide your projected budget for the upcoming year. \_\_\_\_\_

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4. Please include most recent financial statements from the most recently completed year, showing actual expenses.  
Give a brief description of the documents you are including. \_\_\_\_\_

5. List any assets that the organization owns such as land, buildings and equipment: \_\_\_\_\_

6. How many paid staff and number of volunteers:

Paid Staff \_\_\_\_\_ Volunteer Staff \_\_\_\_\_ Other \_\_\_\_\_

7. Provide list of Board Members: \_\_\_\_\_

## Part 4 – Other

1. Provide contact information for the person responsible for the periodic reports required by The Smithville Charitable Foundation:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

2. Please list any acronyms or other names used to identify the organization: \_\_\_\_\_

3. Please provide a copy of your Section 501(c) 3 determination letter and a signed and completed W-9 form.

## Part 5 – Signature

I hereby attest that all the above information is true to the best of my knowledge and that the funds requested will only be used for the purposes stated in this document and will not be used for any other activities that are punishable under the laws of Indiana.

Authorized Officer Signature \_\_\_\_\_

Authorized Officer Name \_\_\_\_\_ Date (dd/mm/yy) \_\_\_\_\_

Document Preparer's Name \_\_\_\_\_

Document Preparer's Title \_\_\_\_\_