

**IPCF General Grant Application (Education, Environment, Health and Wellness, Youth)****Organization****IPCF General Grant Application (Education, Environment, Health & Wellness, Youth)**

Organization Information		
Organization Name		
Address		
City	State <Select One>	Postal Code
Phone		
Indicate you organization's designation/auspices <i>Note: If you select "Other," your organization may not qualify to receive a grant from Illinois Prairie Community Foundation. Call (309) 662-4477 before proceeding with your application.</i>		
Tax ID or EIN 1	Organization Type	
Website		
Provide a brief summary of your organization's history. <i>250 words or less</i>		
Describe your organization's mission, major programs and activities, and accomplishments. <i>250 words or less</i>		

**Proposal Overview**

Proposal Information
Program Title
Program Area <i>Select the program area the most closely aligns to the request for funding. There may be overlap.</i>

*For example, the program may be for environmental education or a fitness program for youth. Consider the main goal of the program to decide which category is most appropriate.*

Amount requested from Illinois Prairie Community Foundation  
*Minimum request is \$500; in 2018, the range of awards was \$500 to \$4,979 with an average award of \$1,668.*

Total program budget  
*Enter the dollar amount allocated for this program alone, not the budget for the entire organization.*

Provide a brief summary of the program  
*250 words or less*

What is the community need or problem to be addressed by this program?  
*100 words or less*

Who will be served by this program (describe the population specifically) and how many people do you expect to participate?  
*100 words or less*

In what geographic location(s) will the program be offered?  
*NOTE: Select the PRIMARY county first. To be eligible for this grant, the program must be available to residents of McLean, DeWitt, Livingston or Logan Counties; however, the program does not have to be offered in all four counties.*

If you selected "Other" above, please explain  
*50 words or less. If you did not select "Other," enter "N/A"*

What is the timeline for implementation of this program?  
*NOTE: The grant period is **June 1, 2019 to May 31, 2020**. If awarded, all monies must be expended and accounted for within the grant period even if the program continues past that period. 50 words or less.*

Who will implement and/or direct the program? Briefly, what are their qualifications?  
*250 words or less*

## Program Details

Program Details

What is the primary goal of the program?  
*A goal is the long-term aim you wish to accomplish which may or may not be achieved within the grant period. The goal answers the question, "What would we like to see happen to alleviate the*

*need or problem we identified?" It is characterized by being broad in scope and is hard to quantify or measure. Example: "Decrease the degree of malnutrition among young children in Central Illinois." 100 words or less*

Identify three of the most important objectives of the program.

*Objectives (some grant applications call these outcomes) are targets that will move you toward the stated goal. They are characterized by the acronym SMART (specific, measurable, achievable, relevant, time-bound). Here are some examples: "Sixty of 70 children will learn nutrition information by the end of the six-month school garden program"; "After three weeks, 65 of 70 children will report that the program is fun and that they want to continue to learn new things about nutrition." 500 words or less*

List both planning and direct service activities that will be used to reach these objectives.

*750 words or less*

What methods and measurements will you use to determine if the three objectives have been achieved?

*Describe specific measures you will use. For example, pre- and post-questionnaire, achievement test, program evaluations, reports from teachers, interviews with participants, etc.*

*750 words or less*

## Rationale

Rational And Sustainability

This program is:

*Select one*

If this is an existing program, discuss your progress toward the stated goal. Why is it important to continue the program?

*Enter "N/A" if this question is not applicable.*

*300 words or less.*

If this is a pilot program that has not been done elsewhere, list your assumptions and/or research as to why this new approach is likely to lead to the stated goal.

*Enter "N/A" if this question is not applicable.*

*300 words or less.*

Will the program be on-going or offered only one time? If the former, what are the plans for sustaining this program financially after the grant period?

*250 words or less.*

What other organizations are doing similar work or conducting similar programs? How is your program different?

*150 words or less.*

Is this program a collaboration with another organization? If so, what is the other organization?  
*150 words or less.*

If not a collaboration, did you explore possible partnerships for this program? If no, why not? If yes, what factors influenced your organization's decision not to pursue them?  
*If this is a collaboration, type "N/A."*  
*300 words or less.*

## Budget

### Budget Information

If this is an existing program, how long have you received funding for this program, from whom, and in what amount?  
*If not applicable, enter N/A.*  
*100 words or less.*

Have you applied for other grants to support this program? If yes, to whom have you applied, in what amount, and when is a decision expected?  
*150 words or less.*

Aside from grants, are there other anticipated revenue sources for this program such as in-kind gifts, special events, or fundraisers? If yes, please describe.  
*100 words or less.*

If you do not receive the full amount of funding requested in this application, will the program proceed?

If yes, how will the program be impacted? What might be eliminated? Please be specific.  
 If no, type "Program will not proceed" in box.  
*300 words or less.*

On the Attachments page, you will be asked to attach a budget for this program ONLY, not for the entire organization. You are required to use a budget document developed by IPCF Grants Committees. You can download it at the IPCF website at <https://ilprairiecf.org/resources-2>. Word and Excel files can be found under the Grants tab. Income and Expenses must balance.

In regard to the program budget, please provide details of any information requiring further explanation. (For example, list specifics for a broad category such as supplies.)  
*100 words or less*

## Demographics

The following section is optional.

The data collected will serve multiple purposes: to help us understand how we reflect the communities we serve, to equip our staff with critical data to better serve the needs of our communities, and to track our progress with our Board and our grantees and communities.

Age Group

*Check all that apply*

Ethnicity

*Check all that apply*

Gender

*Check all that apply*

Population Served

*You may check up to 3 options*

Population Served Income

*Check all that apply about the income level of the population to be served by program*

### Key Contacts

Organization Leader		
Prefix	First Name	Last Name
Phone Number		
Title		
E-mail		

Contact for this Grant Application		
No Check here if same as Organization Leader		
Prefix	First Name	Last Name
<Select One>		
Phone Number		
Title		
E-mail		

## Authorization

### Expectations

If you receive funding for this program, the expectations from Illinois Prairie Community Foundation are as follows:

- 1) media release from your organization announcing receipt of the grant from Illinois Prairie Community Foundation,
- 2) notice of the grant on your website, newsletter, and/or social media,
- 3) copies of publicity and photos as part of your final report.

My organization will comply with these expectations to the best of our ability.

If my organization receives funding, I grant permission to Illinois Prairie Community Foundation to use my organization's logo in communications about the grant award.

### Electronic Signature

#### **Please confirm the following:**

This organization does not discriminate on the basis of race, color, religion, age, gender identification, national origin, sexual orientation or disability (in accordance with applicable State of Illinois and Federal laws).

Any funds received for this project/program will be used for the stated charitable purpose outlined in this application and in accordance with the terms and conditions enclosed in the Grant Agreement, including completion of required reports by their deadlines.

We will publicize any grant received in accordance with the terms outlined in the Grant Agreement. Illinois Prairie Community Foundation may also publicize this project/program and this grant, should this proposal be funded.

Should this proposal not be funded at this time, my organization authorizes Illinois Prairie Community Foundation to share this proposal in its entirety with other potential funding sources at its discretion.

*NOTE: A "No" response is permissible.*

By typing my name and title in the following spaces, I certify that I am an authorized representative of the charitable organization named in this application. I further certify that this application is submitted with the full knowledge and consent of the organization's CEO, Executive Director, Board President or other person authorized to approve submission of this application.

Authorized Signer Name

Authorized Signer Title

## Attachments

### Attachments

Please upload the required documents indicated below. To upload a document:

- Click the Browse or Choose File button beneath the document name
- Browse to the location of the document on your computer
- Select the document then click OK
- You will return to this page
- Click Upload.

### IRS Letter of Determination of Tax-Exempt Status

Please scan and attach the organization's IRS Letter of Determination of Tax-Exempt Status. NOTE: This is a different document than the state sales tax-exempt letter. If, due to the nature of your organization, you do not have an IRS Letter of Determination, attach a statement that you do not have this letter and why.

IRS Letter of Determination

*Click Upload after you select the file.*

### Organization Current Board Officers and Directors

Please attach a list of your organization's current board officers and directors including phone numbers and/or emails.

Board Officers and Directors Listing

*Click Upload after you select the file.*

### Program Budget

Please attach the budget for this program ONLY, not for your entire organization. NOTE: Income and Expenses must balance.

Program Budget

*Click Upload after you select the file.*

Organization Logo

If your organization has a logo, please upload it.

Organization Logo

*Click Upload after you select the file.*