



The Children's Fund Grant Application

The Community Foundation's mission is to "promote and sustain philanthropy among the communities of North Central Florida." The Children's Fund was created as an extension of the Community Foundation to "promote the healthy development of children and youth in ways that complement existing services."

The Children's Fund was established in January 2012 after a donor, Dink Henderson recognized a need in the community, both through philanthropy and financial support, to foster the efforts of agencies, services, and organizations whose mission is to support the healthy development of children and youth. Over the years, there have been several grants to worthy organizations for a variety of different needs ranging from summer camp for at-risk youth, to mentorship programs, and guardianship of children in the legal system. It is the goal of this fund to continue to support and expand the grant process to allow for greater contribution to the community.

Our goal is to: Fund programs and services that aid children and youth; Promote conversations, connections and philanthropy education around issues affecting children and youth.

There are three parts to this application. Please complete all three:

Cover Sheet

2-page Overview of Funding Request

In a maximum of two pages, please include:

1. Brief organizational history and short description of previous year's accomplishments.
2. Purpose of this funding request. Please describe:
 - a. Community needs or problems to be addressed by this project/organization.
 - b. The target population, number of individuals, and geographic area that will benefit from this proposal.
 - c. What you hope to accomplish (outputs and/or outcomes), and
 - d. How you intend to accomplish the above.
3. Names and brief description of roles of partners on this project (if applicable).

Required attachments:

1. Project budget using the budget template provided.
2. IRS Letter of Determination

The Children's fund will award a total of \$10,000 to qualified organizations. Request for proposals should range not exceed \$5,000.

Please mail or drop off eight (8) copies of your proposal to the Community Foundation of North Central Florida located at
3919 W. Newberry Rd., Suite 3 Gainesville, FL 32607

All applications must be received by the foundation by **Monday, July 31st at noon.**

Grant Application Part 1: Cover Sheet

Application Date:		Org Website:	
Applicants Legal Name: (as shown on IRS Letter of Determination)			
Doing Business As: (if different from legal name)			
EIN #:			
Address:			
City:		State:	
		Zip code:	
Telephone #:		Fax #:	
Executive Director: (or Top Executive)	(Please include prefix and title)	Phone #:	
		Email Address:	
Main Contact(s) for this Proposal:	(Please include prefix and title)	Phone #:	
		Email Address:	
Board President:		Phone #:	
		Email Address:	

Applicant's tax exempt status/ IRS designation (e.g. 501(c)(3), 501(c)(9), etc)	(Attach a copy of the IRS Letter of Determination- NOTE- this is not the state sales and use tax exemption certificate. If there has been a name change provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination)
If not a 501(c)(3) Nonprofit, then who is fiscal agent?	(Attach a copy of the written agreement from fiscal agent plus fiscal agent's contact information and EIN)

Organization's mission statement:

Type of request (check one): Note, not all funders support each type of request. Check with individual grantmaker.	
<input type="checkbox"/> Capacity Building	<input type="checkbox"/> Program/Project
<input type="checkbox"/> Capital	<input type="checkbox"/> Other (explain)
<input type="checkbox"/> General Operating Support	

<input type="checkbox"/> New Project	<input type="checkbox"/> Existing Project	<input type="checkbox"/> Expansion of Existing Project
Sustainability:	<input type="checkbox"/> One Time Expense	<input type="checkbox"/> Recurring Expense

Project/Campaign Name: (if general operating please indicate)	
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Proposal Summary - In 100 words or less summarize the purpose of this request.

Funding Period Requested: (be specific)	/ / through / /	Amount Requested:	\$
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Total Project Budget for this period: (not required if general operating request)	\$	Current Annual Organizational Budget:	\$
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Organization Fiscal Year:	/ / through / /
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Geographic Area(s) Served: (include specific counties)	(For this project. If general operations support, for this organization.)
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List applicant's membership, if any, in a giving federation: (e.g., United Way, Arts & Education Council, Jewish Federation)	
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Agreement

I certify to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.

In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.

Signature, Executive Director
(or authorizing official on behalf of the organization)

Date

Grant Application
Part 2: Overview of Funding Request

1. Brief organizational history and brief description of previous year's accomplishments.

2. Purpose of this funding request: Please describe:

A. Community needs or problems to be addressed by this project/organization.

B. The target population, number of individuals, and geographic area that will benefit from this proposal.

C. What you hope to accomplish (outputs and/or outcomes)

D. How you intend to accomplish the above.

3. Names and brief description of roles of partners on this project (if applicable).

Grant Application Part 3: Required Attachments



Project Budget (Required)

Insert Grantmaker Name Here	Insert Agency Name Here	
Expenses	Total Project Expenses	Amount Requested from Funder
Salary and Benefits	\$	\$
Contract Services (consulting, professional, fundraising)	\$	\$
Occupancy (rent, utilities, maintenance)	\$	\$
Training & Professional Development	\$	\$
Insurance	\$	\$
Travel	\$	\$
Equipment	\$	\$
Supplies	\$	\$
Printing, Copying & Postage	\$	\$
Evaluation	\$	\$
Marketing	\$	\$
Conferences, meetings, etc.	\$	\$
Administration	\$	\$
*Other - _____	\$	\$
*Other - _____	\$	\$
<i>TOTAL EXPENSES</i>	\$ _____ -	\$ _____ -
Revenues	Committed	Pending
Contributions, Gifts, Grants, & Earned Revenue		
<i>Local Government</i>	\$	\$
<i>State Government</i>	\$	\$
<i>Federal Government</i>	\$	\$
<i>Individuals</i>	\$	\$
*Foundation - _____	\$	\$
*Foundation - _____	\$	\$
*Foundation - _____	\$	\$
*Foundation - _____	\$	\$
*Corporation- _____	\$	\$
*Corporation- _____	\$	\$
*Corporation- _____	\$	\$
*Federation- _____	\$	\$
*Other - _____	\$	\$
<i>Membership Income</i>	\$	\$
<i>Program Service Fees</i>	\$	\$
<i>Products</i>	\$	\$
<i>Fundraising Events (net)</i>	\$	\$
<i>Investment Income</i>	\$	\$
<i>In-Kind Support</i>	\$	\$
*Other - _____	\$	\$
<i>TOTAL REVENUES</i>	\$ _____ -	\$ _____ -

*Please specify for contributions over \$1,000.

