**Northside Community Fund Application for Small Grants**

**($500 to $1,000)**

**ORGANIZATION INFORMATION**

Full Legal Name of Applicant Organization:

Address: Phone:

City, State, Zip: County:

Organization’s Director: Director’s Phone:

Organization’s IRS 501c3 tax-exempt ID number:

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

Contact’s Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact’s Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all other team members, if any:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will take responsibility for leading this project?

What are the major sources of funding for your organization? (e.g., individual donations, private grants, public grants, endowment, United Way, Community Shares)

**PROJECT DESCRIPTION**

Describe your project and its objective(s). What do you hope to accomplish? What is the issue/need or opportunity that this project addresses? Who is the target audience/population?

**PROJECT SPECIFICS**

PEOPLE: Who will select the people to be involved in this project, and how will they be selected (if not open to the general public)?

**PROJECT SPECIFICS**, continued

TIME: What is the beginning date of the project? What is the ending date of the project? Approximately how many hours, days or weeks will this project be active?

EVALUATION: As a part of your acceptance of this grant, the NCF Evaluation form must be completely filled out.

COMMUNICATION: How will you spread the word to attract participants and attention for your project?

PROJECT BUDGET:

**Expenses**

Include a description of materials and other project expenses. Be sure to note any donated items or services. (Attach another page if you need more space to list expenses.)

|  |  |  |
| --- | --- | --- |
| **Description of Item** | **Quantity** | **Total Dollar** **Amount/Value** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Matching Funds**

Are there other sources of funding just for this project? If so, please list details below:

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **Dollar Amount** | **Status**(e.g., pending, pledged/ committed, cash on-hand) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Total Project Budget Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Projected Funding from Other Sources: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested from Northside Community Fund: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WE HAVE CAREFULLY READ THE ENCLOSED INFORMATION**.

If we receive a grant, we agree to use the funds as described in this application, and our organization will complete and submit a simple evaluation report within one year of receiving the grant check. (You will receive the form in advance.) We will allow The Northside Community Fund to use information provided in this request for news releases, reports, and other public information.

We agree to mention the Northside Community Fund's support in any publicity or reports regarding this project, and list them as a funder wherever other funders are mentioned.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF ORGANIZATION DIRECTOR DATE**

Applications may be submitted in January or June, however there is no guarantee that grants will be made annually or twice a year. Grant size and timing is contingent on funds available and the number of eligible applications received.

Mail your application (postmarked by 1/31 or 6/30 to:

**Northside Community Fund of The Greater Cincinnati Foundation**

**c/o Tim Jeckering**

**1582 Springlawn Ave.**

**Cincinnati, Ohio 45223**

Refer all questions to Tim Jeckering, NCF board member,

via email at **timjeckering@fuse.net**