



# Community Cares

## 2019 Grant Request Requirements

*To:* Charitable Organizations serving Laclede County

*From:* Lebanon Area Foundation Administrator

*Date:* July 01, 2018

The Community Cares program is accepting grant applications through August 31, 2018 for the 2019 grants. Payments will be disbursed in January, April, July, and October 2019, (\*payment in October may be reduced if all pledges are not fulfilled). We must receive **two** copies of all application materials as listed on the Grant Application Guideline Checklist (Appendix A), along with copies of the signed Agency Agreement Contract (Appendix B) no later than **August 31, 2018** to be considered for this year's campaign.

In order to qualify as a member agency, your organization **must be a 501(c)(3) not-for-profit organization** or a school, government or other such entity recognized by the state or federal government as a nonprofit organization (a copy of the agency's 501(c)3 letter substantiating your not-for-profit status is required). If your organization is approved as a member agency, all Community Cares **funding must** be used for Laclede County residents. Also, a **quarterly report will be required**, along with permission for the LAF Administrator to make on-site visits throughout the year, if necessary, to verify all Community Cares funds are being used in Laclede County.

Along with the requirements from this page, the attached Grant Application Guideline Checklist will provide you with the details needed to complete a grant application. Two complete copies of all application materials should **be mailed** to the Community Cares Program, P.O. Box 1042, Lebanon, Missouri, 65536 **by August 31, 2018**. Your request may also be dropped off at the Lebanon Area Foundation business office located in the Laclede County Annex Building at 186 N. Adams Ave. in Lebanon. Any additional information can be obtained by calling the LAF office at 417-532-8868.

## 2019 Community Cares Grant Application

<b>Mail two copies of every document to:</b>	Lebanon Area Foundation P.O. Box 1042 Lebanon, MO 65536			
<b>Application Date:</b>		<b>Org Website:</b>		
<b>Applicants Legal Name:</b> (as shown on IRS Letter of Determination)				
<b>Doing Business As:</b> (if different from legal name)				
<b>EIN #:</b>				
<b>Address:</b>				
<b>City:</b>		<b>State:</b>		<b>Zip code:</b>
<b>Telephone #:</b>		<b>Fax #:</b>		
<b>Executive Director:</b> (or Top Executive)  (Please include prefix and title)	<b>Phone #:</b>			
	<b>Email Address:</b>			
<b>Main Contact(s) for this Proposal:</b>  (Please include prefix and title)	<b>Phone #:</b>			
	<b>Email Address:</b>			
<b>Board President:</b>	<b>Phone #:</b>			
	<b>Email Address:</b>			

<b>Applicant's tax exempt status/ IRS designation</b> (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)
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<b>Organization's mission statement:</b>

<b>Type of request (check one):</b>	
<input type="checkbox"/> Project / Program	<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
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Project / Program Name: (if general operating please indicate)			
Proposal Summary - In 100 words or less summarize the purpose of this request.			
Funding Period Requested: (be specific)	/ / through / /	Amount Requested:	\$
Total Project Budget for this period: (not required if general operating request)	\$	Current Annual Organizational Budget:	\$
Organization Fiscal Year:	/ / through / /		
Geographic Area(s) Served: (include specific counties)	(For this project. If general operations support, for this organization.)		

List applicant's membership of a giving federation: (e.g., United Way, Arts & Education Council, Jewish Federation, Earthshare Missouri)	
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<p><b>Agreement</b></p> <p><i>I certify to the best of my knowledge, that all information included in this application 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.</i></p> <p><i>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.</i></p>
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\_\_\_\_\_  
 Signature, Executive Director  
 (or authorizing official on behalf of the organization)

\_\_\_\_\_  
 Date

## NARRATIVE

### SECTION A: ORGANIZATIONAL INFORMATION

1. Summary of organization's history.

2. Description of the organization's current programs, activities, number served annually, and accomplishments.

### SECTION B: NEEDS STATEMENT

3. What are the community needs or problems to be addressed by this project/organization? Why is this issue important?

### SECTION C: PROJECT INFORMATION

4. Who will be served by this grant (describe) and how many will be served?

5. What are your project goals? (*Operating requests- What are your agency's major goals?*)

6. What activities do you intend to engage in or provide to achieve these goals? *Please provide an in-depth description of the activities/services, including 1) how much, 2) how often, 3) how long activities/services will be provided. For expanded project requests, distinguish between current and expanded activities/services.*

7. What are the anticipated short and long-term measurable outcomes that would be achieved by this grant?

8. What is the timeline for implementation of this grant?

**9. What are the organization's most significant interactions with other organizations and efforts? For project requests, address this question with respect to that project only. (e.g., who are the other partners, what is your past experience collaborating with this organization, what are their roles in this project, and what is their expertise, etc?)**

**10. What other agencies or projects are doing similar work and how are you different?**

**11. What are the qualifications of key staff and volunteers that will ensure the success of the project/organization? Are there specific staff/volunteer training needs for this project?**

**12. How does this request fit with your organization's long-term goals? We define long-term as the time-period beyond this grant.**

**13. What is your long-term funding plan? For project requests, address this question with respect to that project only.**

**SECTION D: EVALUATION**

**14. What is your organization's evaluation process? How do you plan to track and measure the effectiveness of your project/organization (e.g., intake sheets, participation checklists, pre/post surveys, client questionnaires, follow-up surveys, etc)?**

**SECTION E: BUDGET NARRATIVE JUSTIFICATION**

**15. After completing the budget template, please provide a description of each line item expense listed on the program/project budget. Indicate whether this is a new expense for your project or if funding is being requested to cover a current/existing expense. For example, if you list personnel expenses, please state whether these funds will be used for new or existing staff positions. Explain how the numbers are being calculated.**

## REQUIRED ATTACHMENTS

1. A copy of the current IRS Letter of Determination indicating tax-exempt status.
2. List of current board of directors including their professional affiliations (name of organization of employment).
3. The signed Community Cares Agreement Form.
4. Financials
  - Project/Organizational Budget (*must use template included as part of this application*)
  - Organization's most recently filed Form 990 plus internally prepared financial statements for the past two (2) years. **Must include:**
    - \* statement of activities (income statement)
    - \* statement of financial position (balance sheet)
    - \* statement of cash flow

**NOTE-** financial statements are to be prepared according to generally accepted accounting procedures (GAAP)
5. Additional Attachments-

**Program/Project Budget—Current Request**

Attach a narrative explaining the budget, if necessary.

**PROGRAM/PROJECT INCOME**

**Fiscal Year:** \_\_\_\_\_

<u>Source</u>	<u>Amount Committed</u>	<u>Amount Pending*</u>
<i>Support</i>		
Government grants	\$	
Foundations	\$	
Corporations	\$	
United Way or federated campaigns	\$	
Individual contributions	\$	
Fundraising events and products	\$	
Membership income	\$	
In-kind support	\$	
Investment income	\$	
<i>Revenue</i>		
Government contracts	\$	
Earned income	\$	
Other (specify)	\$	
	\$	
<b>Total Income</b>	<b>\$</b>	

\*Note: Pending sources of support include those requests currently under consideration. Please indicate anticipated decision date

**PROGRAM/PROJECT EXPENSES**

<u>Item</u>	<u>Amount</u>	<u>%FT/PT</u>
Salaries and wages (break down by individual position and indicate full- or part-time.)	\$	
	\$	
	\$	
	\$	
SUBTOTAL	\$	
Insurance, benefits and other related taxes	\$	
Consultants and professional fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and copying	\$	
Telephone and fax	\$	
Postage and delivery	\$	
Rent and utilities	\$	
In-kind expenses	\$	
Depreciation	\$	
Other (specify)	\$	
	\$	
<b>Total Expense</b>		
<b>Difference (Income less Expense)</b>		



*Organization Budget*

Attach a narrative explaining the budget, if necessary.

**ORGANIZATION INCOME**

**FISCAL YEAR:** \_\_\_\_\_

<u>Source</u>	<u>Amount</u>
<i>Support</i>	
Government grants	\$ _____
Foundations	\$ _____
Corporations	\$ _____
United Way or other federated campaigns	\$ _____
Individual contributions	\$ _____
Fundraising events and products	\$ _____
Membership income	\$ _____
In-kind support	\$ _____
Investment income	\$ _____
 <i>Revenue</i>	
Government contracts	\$ _____
Earned income	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Income</b>	<b>\$ _____</b>

**ORGANIZATION EXPENSES**

**FISCAL YEAR:** \_\_\_\_\_

<u>Item</u>	<u>Amount</u>
Salaries, wages and benefits	\$ _____
Insurance and/or other taxes	\$ _____
Consultants and professional fees	\$ _____
Travel	\$ _____
Equipment	\$ _____
Supplies	\$ _____
Printing and copying	\$ _____
Telephone and fax	\$ _____
Postage and delivery	\$ _____
Rent and utilities	\$ _____
In-kind expenses	\$ _____
Depreciation	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Expense</b>	<b>\$ _____</b>
<b>Difference (Income less Expense)</b>	<b>\$ _____</b>