Community Cares

**2025 Grant Request Requirements**

***To:*** Charitable Organizations serving Laclede County

***From:*** Lebanon Area Foundation Administrator

***Date:*** July 01, 2024

The Community Cares program is accepting grant applications through August 30, 2024, for the 2025 grants. Payments will be disbursed in January, April, July, and October 2025, (\*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 5pm on **August 30, 2024,** 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 in good standing (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 30, 2024**. Your request may also be dropped off at the Lebanon Area Foundation business office located in the Cowan Civic Center at 500 E. Elm Street in Lebanon. Any additional information can be obtained by calling the LAF office at 417-532-8868.

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| **2025 Community Cares Grant Application** | | | | | | |
| Mail two copies of every document to: | Lebanon Area Foundation  P.O. Box 1042  Lebanon, MO 65536 | | | | | |
| Application Date: |  | Org Website: |  | | | |
| Applicants Legal Name: (as shown on IRS Letter of Determination) |  | | | | | |
| Doing Business As: (if different from legal name) |  | | | | | |
| EIN #: |  | | | | | |
| Physical Address: |  | | | | | |
| City: |  | State: |  | | Zip code: |  |
| Mailing Address: |  | | | | | |
| City: |  | State: |  | | Zip code: |  |
| Telephone #: |  | Fax #: | |  | | |
| Executive Director:  (or Administrator) | (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: | |  | | |

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| 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) |

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| Organization’s mission statement: |
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| --- | --- | --- | --- |
| Type of request (check one): | | | |
| [ ] Project / Program | | [ ] Other (explain) | |
| [ ] General Operating Support | |  | |
|  | |
|  | | | |
| [ ] New Project | [ ] Existing Project | | [ ] 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) |  | | Amount Requested: | $ |
| Total Project Budget for this period: (not required if general operating request) | $ | | Current Annual Organizational Budget: | $ |
| Organization Fiscal Year: |  | | | |
| Geographic Area(s) Served:  (include specific counties) | (For this project. If general operations support, for this organization.) | | | |

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| Agreement |
| *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.*  *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.* |

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

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| **NARRATIVE** |
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| **SECTION A: ORGANIZATIONAL INFORMATION** |
| **1. Summary of organization’s history.** |
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| **2. Description of the organization’s current programs, activities, number served annually, and accomplishments.** |
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| **SECTION B: NEEDS STATEMENT** |
| **3. What are the community needs or problems to be addressed by this project/organization? Why is this issue important?** |
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| **SECTION C: PROJECT INFORMATION** |
| **4. Who will be served by this grant (describe) and how many will be served?** |
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| **5. What are your project goals?** *(Operating requests- What are your agency’s major goals?)* |
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| **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.* |
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| **7. What are the anticipated short and long-term measurable outcomes that would be achieved by this grant?** |
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| **8. What is the timeline for implementation of this grant?** |
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| **9.**  **What other groups or organizations will you partner with to meet your objectives? For project requests, address this question with respect to that project only.** *(e.g., who are the other partners, what is your 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?** |
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| **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?** |
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| **12. How does this request fit with your organization’s long-term goals? We define long-term as the time-period beyond this grant.** |
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| **13. What is your long-term funding plan? For project requests, address this question with respect to that project only.** |
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| **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)?* |
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| **SECTION E: Success Stories** |
| **16. Please share some brief success stories of how your agency’s program is making a difference in Laclede County. (Please be aware these stories may be shared in LAF Community Cares marketing materials.)** |
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| **SECTION F: Dollars Making A Difference With Payroll Deduction** |
| **17. Please share examples of what will be provided with a donation of the following amounts:** |
| $1 per week ($52):  $5 per week ($260):  $10 per week ($520): |

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| **SECTION G: Partnering with Lebanon Area Foundation / Community Cares** |
| **18. How have you or would you like to partner with Lebanon Area Foundation to promote Community Cares?** |
| \_\_\_\_ We have participated in the Community Cares Fall Campaign in the past.  \_\_\_\_ We haven’t participated in the Community Cares Fall Campaign but would like to.  \_\_\_\_ We have “liked” Lebanon Area Foundation on Facebook.  \_\_\_\_ We share posts and tag Lebanon Area Foundation on social media posts that our agency posts.  \_\_\_\_ Other: |
|  |
| **SECTION H: BUDGET NARRATIVE JUSTIFICATION** |
| **19. 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.* |
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| **REQUIRED ATTACHMENTS LIST** |
| 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) and contact information.** 3. **The signed Community Cares Agreement Form.** 4. **Project/Organizational Budget** *(must use the template provided on page 10)* 5. **The Organization’s Most Recently Filed Form 990** 6. **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) |

Program/Project Budget—Current Request (Only Required If Requesting Funding for Program)

Attach a narrative explaining the budget, if necessary.

### PROGRAM/PROJECT INCOME Fiscal Year: \_\_\_\_\_\_\_\_\_

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

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

### PROGRAM/PROJECT EXPENSES

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** |  | **Amount** | **%FT/PT** |
| 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) |  | $ |  |
| Total Expense |  | $ |  |
| **Difference (Income less Expense)** |  |  |  |

Organization Budget (Required)

Attach a narrative explaining the budget, if necessary.

### ORGANIZATION INCOME FISCAL YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Source** |  | **Amount** |
| Support |  |  |
| Government grants |  | $ |
| Foundations |  | $ |
| Corporations |  | $ |
| United Way or other federated campaigns |  | $ |
| Individual contributions |  | $ |
| Fundraising events and products |  | $ |
| Membership income |  | $ |
| In-kind support |  | $ |
| Investment income |  | $ |
|  |  |  |
| Revenue |  |  |
| Government contracts |  | $ |
| Earned income |  | $ |
| Other (specify) |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  |  |
| **Total Income** |  | **$** |
|  |  |  |

### ORGANIZATION EXPENSES FISCAL YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Item** |  | **Amount** |
| 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) |  | $ |
|  |  | $ |
| Total Expense |  | $ |
| **Difference (Income less Expense)** |  | **$** |