

**THE SANDUSKY/ERIE COUNTY COMMUNITY FOUNDATION  
COMMUNITY GRANT APPLICATION  
COVER PAGE**

Please type:

**Organization** \_\_\_\_\_

**Project Title** \_\_\_\_\_

**Amount Requested** \_\_\_\_\_

**Employer Identification Number** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Telefax** \_\_\_\_\_

**Email** \_\_\_\_\_

**Executive Director** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Grant Contact Person** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Required Information**

- 1) Please provide a project narrative (not to exceed 2 pages) answering the following, in this order:
  - (a) Summarize the purpose of your project and explain how this grant will be used?
  - (b) Who will this project benefit and in what ways? (Projects must benefit Erie County residents.)
  - (c) How will SECCF grant funds be used? How will this project be funded:
    - (i) if the grant is made, after grant money is expended?
    - (ii) if the grant is denied?
    - (iii) if other sources of funding are needed for the project? Are these funds pending or have they been obtained, and from what sources? If you are seeking an SECCF grant as matching funds for another grant, please explain the terms of the matching grant.
  - (d) How will you measure and evaluate the outcomes of this project? If awarded a grant, you will be responsible for submitting a final report addressing this question.
- (2) Completed Budget Form (provided on page 2 of this application)

**Required Attachments**

- (1) 501(c)(3) IRS determination letter. If you are a church, governmental or other entity covered by a group exemption, provide a copy of the group exemption letter and documentation of your inclusion within the group.
- (2) Current Form 990 or most recent audit, and annual budget
- (3) Mission statement
- (4) List of board members

**Timeline and Submission**

Grants are awarded twice annually. **Deadlines are February 1 and August 1**

Submit **1 original and 15 copies** of the completed application with cover sheet, narrative and budget form, **and 1 copy** of the required attachments to:

The Sandusky/Erie County Community Foundation  
135 East Washington Row, Sandusky, Ohio 44870

Phone: 419/621-9690 Email: [executivedirector@sanduskyfoundation.org](mailto:executivedirector@sanduskyfoundation.org)

**Incomplete applications, faxed applications, or applications submitted after the deadline will not be considered.**

Applicant organizations may be contacted for further information or documentation regarding the grant application.

However, it is the policy of the Sandusky/Erie County Community Foundation Distribution Committee not to engage in discussion regarding outcomes of pending grant proposals.

# SECCF GRANT APPLICATION BUDGET FORM

**Directions:** Please type the information on the Budget Form and attach to Project Narrative.

**Total Project Cost** Please list the entire cost of the project. The combined amounts of Column C and Column D will equal the total listed in Column B.

**SECCF Grant Request** Please list the funds requested from SECCF only in Column C.

**Other Funding for Project** Please list in Column D any additional funds from other sources needed to complete this project.

**SECCF Grant Funding is limited to the following:**

**Services** Any contracted services (for example, printing, professional advice, presenters, or independent contractor fees) to be funded with this grant.

**Supplies** Any supplies for the project to be paid for with funds from this grant.

**Capital Improvements** Any property purchase, equipment, building materials or facility improvements of the project to be funded with this grant.

**Other** Any costs that do not fit into the above categories. Please explain these costs in the program narrative.

**Please note: SECCF grant funds may not be used for salaries/benefits for organization employees.**

**Date project is to begin** \_\_\_\_\_

**Completion Date** \_\_\_\_\_

A. Category	B. Total Project Cost	C. SECCF Grant Request List amount and items to be purchased	D. Other Funding for Project List amount and items to be purchased
Services			
Supplies			
Capital Improvements			
Other			
Total Project Cost [ B = C + D ]			