

**THE SANDUSKY/ERIE COUNTY COMMUNITY FOUNDATION (SECCF)
YOUTH ADVISORY COUNCIL GRANT APPLICATION
COVER PAGE**

Organization _____

Project Title _____

Amount Requested (not to exceed \$1,000) _____ **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 one page project narrative answering the following:

- (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 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?

(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, please 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

Grant deadline **April 1** **Grant Notification** **May 15**

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: Barb@sanduskyfoundation.org

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

Please Note: Applicant organizations may be contacted for further information or documentation regarding the grant application. However, it is the policy of the Youth Advisory Council not to engage in discussion regarding outcomes of pending grant proposals.

SECCF YOUTH ADVISORY COUNCIL GRANT APPLICATION BUDGET FORM

Directions

Complete each portion 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.

Grant Funding is limited to the following:

Services Any contracted services; for example, printing, professional advice, presenter or independent contractor fees should be listed under services.

Supplies Any supplies that will be used for the project.

Capital Improvements Any equipment, building materials or property purchased for the project.

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

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 (Equipment, materials or property) | | | |
| Other | | | |
| Total Project Cost [B = C + D] | | | |