

Harrison & Muriel Dauer Stackpole Family Fund

Elk County Community Foundation

32 So. St. Marys St. Suite 4 • P.O. Box 934 • Saint Marys, PA 15857 Phone 814.834.2125 • Fax 814.834.2126 eccf@elkcountyfoundation.org • www.elkcountyfoundation.org

This grant application form is available on our website as an online fillable PDF form. Please complete and submit it via email along with the requested support items as outlined in Instructions for Submitting a Grant Application. In addition, a hard copy of the signed application form, along with any support materials that have not been emailed, must be mailed or delivered to our office. Grants will not be considered until all material has been received. For questions or clarification, please contact our office.

Application Date	Legal Name of Organization	Date of Inco	Date of Incorporation	
Is your organization	tax-exempt under Section 501 (c)	(3) of the Inter	nal Revenue Code? Y	N
Last Name	First Nam	e	MI	
Mailing Address				
City	St	ate	Zip Code	
Phone	Fax		E-mail	
Grant Area of In	nterest:			
The Arts	Other (please explain)			
Economic De	velopment			
Education				
The Environn	nent			
Health and So	ocial Services			
Project Duration	n:			
Total Cost of Pro	oject:			
Amount request	ed from the Foundation:			

Application is considered incomplete and will not be considered if amount requested is left blank.

Grant Abstract – provide the following information briefly on this page.
Additional explanation and information should be included in Grant Proposal
Narrative outline found on page four of this application form.

Brief Project Description	
Who and how many will benefit?	
What are your other sources of funding	ng for this project?
Why is this project valuable/necessar	y?
How will it be funded in the future?	
How will you evaluate the success of t	his project?
Submit via email the online fillable PDF for narrative. Also, mail or deliver to our office with any other support materials that cannot please include the attachments:	e a hard copy of the signed application, along
 One copy of the current IRS determination One copy of the proposed program/project bu One copy of operating budget for the current a sheet. Need to send only a summary if possible One copy of the most recent year-end financia Name and addresses of your Board of Director The Undersigned hereby certify that all information 	and next fiscal year, including income statement and balance e. l statements (audited if available) if applying for over \$5000.
Signature of Board Chairperson	 Date

Date

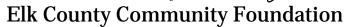
Signature of Agency CEO

Grant Application Form Project Budget Statement

Project Budget – Provide the following information either on this page or on a one-page spread sheet or narrative. List all income for this project including in-kind gifts

Source	Amount (Use numbers only)		
Total			
1 Otal			
Expenses	Amount (Use numbers only)		
Total			

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INSTRUCTIONS FOR SUBMITTING A GRANT APPLICATION

- A. Submit via email the online fillable PDF form, without signature, along with your narrative. Also, mail or deliver to our office a hard copy of the signed application, along with any other support materials that cannot be emailed.
- B. Grant Proposal Narrative should include the following information. Please provide your information in this order, using the outline.

1. Organization Information:

- a. Brief summary of organization's history, mission and goals.
- b. Description of current programs and past accomplishments.
- c. Target population that this project/program will benefits and number of people served by this project.
- d. How does the agency work with others providing similar services, or how it is unique?

2. Purpose of this Grant:

- a. Describe the program/project, the need(s) it will address and what it will accomplish.
- b. Is it a new or ongoing program/project of the organization?
- c. List the program/project goals, objectives.
- d. Describe the timetable for this program to be completed.
- e. Do other organizations provide services similar to your program? If so, why is it important that your agency also provides this service?

3. **Budget Information**

(Please use page 3 of the application for section "a" and "b")

- a. State the exact dollar amount of program/project budget being requested for this grant and the expected expenses including in kind gifts.
- b. List all sources funding for the program/project.
- c. Indicate the amounts requested and the status of your proposal with each funding source if applicable
- d. If you get partial funding how would you adjust your project?
- e. What are the long-term strategies for funding the program/project beyond the grant period?
- f. If this is a collaborative proposal, how will this agency work with other organizations involved?

4. **Personnel and Follow-up**

- a. Indicate names and contact information for individuals responsible for this project.
- b. Provide names and contact information for other individuals involved in this project.
- c. What are the qualifications and expertise of the individuals responsible for the implementation of this program/project?
- d. How will you evaluate this program/project?
- e. Are there any special circumstances that ECCF should be aware of regarding your organization or the program /project?