

Sandusky County Communities Foundation, Inc.

2022 Community Grant Program Application

Cover Page

Organization: _____

Project Title: _____

Project Area *(Circle one)*

Arts and Humanities Community Development Education Environment Health & Social Services Youth Services

Amount Requested: _____ **(Not to exceed \$10,000)**

Employer Identification Number: _____

Address: _____

Telephone: _____ **FAX:** _____

Email: _____

Executive Director: _____ **Telephone:** _____

Grant Contact Person: _____ **Telephone:** _____

(May be contacted during grant review process for additional information)

Authorized Signature: _____ **Date:** _____

For consideration, completed applications with required attachments must be received by **Wednesday, August 19, 2022 at 12:00 p.m.** Application may be mailed or delivered to:

Sandusky County Communities Foundation, Inc.
1245 Napoleon Street
Fremont, Ohio 43420

Incomplete applications, faxed applications, emailed applications or applications received after the August 19, 2022, 12:00 p.m. 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 SCCF not to engage in discussion regarding outcomes of pending grant proposals.

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Budget Page

- A. Category:** Funding is limited to:
- Services: Any contracted services (i.e. printing, professional advice, presenters, or independent contractor fees) to be funded with this grant.
- Supplies: Any supplies for the project to be funded with 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.
- B. SCCF Grant Request:** List the funds requested from only SCCF in Column B. (Include amount/items to be purchased)
- C. Other Funding for Project:** List any additional funds from other sources needed to complete the project in Column C. (Include amount/items to be purchased)
- D. Total Project Cost:** List the entire cost of the project. The combined amounts of Column B and Column C will equal the total listed in Column D.

Please Note:

- SCCF grant funds may not be used for salaries/benefits for organization employees. Nor may they be used for general operating expenses of organization.
- Grant requests exceeding \$10,000 will not be considered.

Column A Category	Column B SCCF Grant Request	Column C Other Funding for Project	Column D Total Project Cost
Services			
Supplies			
Capital Improvement			
Other			
Total Project (Columns B+C=D)	(Not to Exceed \$10,000)		

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Certification Page

Applicant hereby acknowledges and certifies that submitting this Community Grant Program Application constitutes an offer to the Sandusky County Communities Foundation to perform the program, purchases or products described in it and shall constitute a binding contract if and when the Sandusky County Communities Foundations approves the application and awards grant funds to the Applicant. The Applicant agrees and certifies that all grant funds awarded shall be expended only for programs, products or project in strict compliance with the Applicant’s Community Grant Program Application, as approved by the Sandusky County Communities Foundation and the provisions of the Foundation’s Community Grant Program Guidelines for Grant Seekers.

Any grant funds expended in violation of these requirements or for an unapproved expense shall be refunded to the Sandusky County Communities Foundation.

Authorized Signature

Date

Printed Name

Title