



# Sandusky County Communities Foundation, Inc.

## 2022 Community Grant Program Application

### Cover Page

Organization: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Area – *Type X in appropriate category*

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

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

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ 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 **Friday, 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, 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.

*Please include narrative after this cover page (no more than 2 pages)*

# Budget Page

<b>Column A Category</b>	<b>Column B SCCF Grant Request</b> This column is for funds you are requesting from the Sandusky County Communities Foundation. (Include items and amounts to be purchased) Do not request funds for salaries or general operating expenses.	<b>Column C Other Funding for Project</b> List any additional funds from other sources needed to complete the project in this column. (Include amount/items to be purchased)	<b>Column D Total Project Cost Column B + C</b>
<b>Services</b> Any contracted services (i.e. printing, professional advice, presenters, or independent contractor fees) to be funded with this grant.			
<b>Supplies</b> Any supplies for the project to be funded with this grant.			
<b>Capital Improvement</b> Any property purchase, equipment, building materials or facility improvements of the project to be funded with this grant.			
<b>Other</b> Any costs that do not fit into the above categories. Please explain these costs in the program narrative.			
<b>Project Costs</b>	<b>Total of Column B Not to exceed \$10,000</b>	<b>Total of Column C</b>	<b>Total Project Cost = Total of Column B + Total of Column C</b>

# **Sandusky County Communities Foundation, Inc.**

## **2022 Community Grant Program Application 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.

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**Authorized Signature**

**Date**

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**Printed Name**

**Title**

### **Checklist for grant submittal:**

- Cover page
- Narrative page
- Budget page
- Signed certification page
- Current (within 6 months) quote to support budget request for purchased services or goods.
- 501(c) (3) IRS determination letter
- Current form 990 or most recent audit and annual budget.
- Mission Statement
- Name and Affiliation of organization's Board Members.