



**The Conneaut Area Chamber of Commerce Fund of The Conneaut Foundation  
2024 GRANT APPLICATION**

**OUR MISSION**

The Conneaut Foundation promotes the charitable, educational, scientific, spiritual, and cultural interests of the residents of our diverse community. Our activities are consistently guided by our commitment to the residents of our community and our desire to enhance their quality of life.

**GRANT GUIDELINES**

- Applications are due on or before December 2, 2024 at 3:00 pm.
- One application per organization will be accepted each year, however, organizations may apply in consecutive years. Only areas served by the Conneaut Area Chamber of Commerce will be considered.
- Consideration will be given to members of the Conneaut Area Chamber of Commerce.
- Organizations awarded a grant and not using the money may not reapply for at least one (1) year.
- All required information must be provided for the Foundation to consider the application.
- Data specific to the impact of the community, including the number served, must be displayed within the application
- The board may request additional information from an applicant and may stipulate conditions or extensions for any grant awarded. Through the screening process, a site visit may be required as part of the grant process.
- If awarded a grant, the organization must state on all collateral/media materials, *"This project was funded in part by a grant from The Conneaut Area Chamber of Commerce Fund of the Conneaut Foundation."*
- If the organization is awarded a grant, it must be able to comply with the following requirement to undertake and complete the project or program within the stated timeframe and in accordance with any conditions stipulated by the Foundation
- The full board will present their recommendations to The Conneaut Foundation after their December 18 board meeting.

**APPLICATION CHECKLIST**

**Please enclose the following items with the application:**

- **One copy** of the application and required attachments should be emailed to the Foundation. If unable to send electronically, information can be mailed, faxed, or hand delivered.
- Project budget
- Organizations current year financials (please indicate financial year)
- Previous year audit or tax return
- Organizational structure
- List of Board members

**FISCAL AGENT CHECKLIST, if applicable**

**Please enclose the following items if a Fiscal Agent is used for this grant:**

- Copy of the IRS Ruling Letter reflecting tax-exempt status of the fiscal agent, if applicable
- Statement by Officer of the fiscal agent confirming tax status reflected in the IRS ruling letter is still in effect
- Letter from fiscal agent describing relationship with requesting organization and confirming agreement to serve as fiscal agent

**EMAIL ADDRESS**

- conneautchamber@gwcmail.net

**MAILING ADDRESS**

- P.O. Box 886, Conneaut, OH 44030

**PHONE**

- 440/599-8004

**ORGANIZATION INFORMATION**

DATE OF APPLICATION	
ORGANIZATION NAME (Full legal name)	
IRS LETTER DATE	
TAX EXEMPT ID # (EIN)	
NAME OF EXECUTIVE DIRECTOR	
NAME OF FISCAL SPONSOR (if applicable)	

**CONTACT INFORMATION**

PROPOSAL CONTACT NAME	
TITLE	
PHONE	
FAX	
EMAIL	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
ORGANIZATION WEBSITE	
MAILING ADDRESS (if different than street address)	
CITY, STATE, ZIP CODE	

**ORGANIZATIONAL FINANCIAL INFORMATION**

ORGANIZATION'S BUDGETED EXPENSES FOR CURRENT YEAR	
ORGANIZATION'S MAJOR FUNDING SOURCES BY PERCENTAGE	

**PROJECT/PROGRAM INFORMATION** (May be taken from Intent form)

PROGRAM/PROJECT TITLE	
TOTAL BUDGET FOR THIS PROGRAM/PROJECT	
AMOUNT OF THIS REQUEST	
ANTICIPATED PROJECT START DATE/COMPLETION	
COMMUNITY SERVED BY THIS PROGRAM/PROJECT	
ANTICIPATED NUMBER OF PEOPLE SERVED DURING GRANT PERIOD	
BRIEF DEMOGRAPHIC DESCRIPTION OF POPULATION SERVED BY THIS PROGRAM/PROJECT	

**PRIORITY APPLYING FOR** (please check only ONE)

_____ COMMUNITY DEVELOPMENT	_____ EDUCATION	_____ SOCIAL SERVICES
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**TYPE APPLYING FOR** (please check only ONE)

_____ CAPITAL PROJECT	_____ PROGRAM/PROJECT	
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		____ MATCHING FUNDS
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**ORGANIZATION INFORMATION**

**ORGANIZATIONAL BACKGROUND**

a. Please provide a brief summary of your organization's history.

b. Organization's mission statement:

Please provide a brief description of your organization's current programs/projects and activities:

**AUTHORIZATION**

The undersigned certified that they are authorized to represent the organization applying for a grant and that the information contained in this application is accurate. The undersigned agrees that if a grant is awarded to the organization it will comply to the following:

- The grant will be used for the purposes outlined in the grant award letter
- The grant may not be expended for any other purpose without prior written approval from The Conneaut Foundation
- The Conneaut Foundation has received nothing of material value in exchange for the grant
- Information about the organization and the grant may be used by The Conneaut Foundation in any published materials

**SIGNATURES**

EXECUTIVE DIRECTOR:

DATE:

BOARD PRESIDENT:	DATE:
GRANT PREPARER:	DATE:

***PROGRAM/PROJECT DESCRIPTION***

1) Describe the project/program in detail. expanding on the summary statement provided on the grant intent form r

2) Brief, detailed description of how grant funds will be used for the project/program

- 3)
- a. How is your project/program different from similar existing projects/programs at other organizations?
  
  - b. Describe need or benefit that exists for this project or program which is unaddressed.
  
  - c. What will be the impact of this project or program?

4) Will your organization collaborate with other groups on this particular program/project? If yes, please explain.

**PROJECT/PROGRAM DESCRIPTION**

**STATEMENT OF NEED**

5) What is the evidence that shows this need or benefit exists?

**OUTCOMES**

6) Describe the expected measurable outcomes. How will outcomes be measured? Who (i.e. staff, consultant, etc.) will measure them?

**PROGRAM/PROJECT FUNDING PLAN**

**PROJECT'S FINANCIAL INFORMATION**

<b><u>REVENUE/SUPPORT</u></b> (items typical for operating a program)	<b><u>BUDGET</u></b>
GOVERNMENT GRANTS	\$
FOUNDATION GRANTS	\$
CORPORATIONS	\$
FUNDRAISING	\$
MEMBERSHIP INCOME	\$
IN-KIND SUPPORT	\$
INVESTMENT INCOME	\$
CASH	\$
OTHER	\$

<b><u>TOTAL REVENUE/SUPPORT</u></b>	\$
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<b><u>EXPENSES</u></b>	<b><u>BUDGET</u></b>
SALARIES	\$
EMPLOYEE BENEFITS, TAXES	\$
PROFESSIONAL FEES	\$
EQUIPMENT, SUPPLIES, MATERIALS	\$
TELEPHONE, UTILITIES and COMMUNICATION	\$
POSTAGE, MAILINGS ADVERTISING, PROMOTIONAL EXPENSES	\$
OCCUPANCY	\$
TRAVEL	\$
OTHER (describe in narrative if more than 20% of total expenses)	\$
<b><u>TOTAL EXPENSES</u></b>	\$
<b><u>REVENUE LESS EXPENSES</u></b>	\$

If expenses exceed revenues/support by more than 10%, please explain how difference will be offset. Please attach narrative if you have expenses, revenues or a deficit that require more information or if you believe additional explanation is warranted for any item.