# Clintonville Area Foundation – 2021 Grant Application

Clintonville Area Foundation grants support creative new programs, strengthen existing programs, small capital investments, or recurring events (such as events, exhibits or performances that are not fundraisers). Grants will typically not exceed $3,000 or $2,500 for recurring activities. Generally, the Clintonville Area Foundation will grant to the same program for up to three consecutive years before taking a year off.

**INSTRUCTIONS**

**Please be sure to review the most current** [**Clintonville guidelines**](https://www.cffoxvalley.org/grants/clintonville-family-of-funds/)**. These guidelines may change from year to year, so it is especially important to read and understand them prior to beginning your application.**

**DEADLINE:** December 1 at 4pm. In the event December 1 falls on a weekend, the deadline will be the following Monday at 4pm. Grant decisions are made in mid-January.

**SUBMISSION: FINAL APPLICATIONS SHOULD BE SUBMITTED VIA EMAIL TO JEN OSBORN at** **josborn@cffoxvalley.org** **and must include the following:**

1. This completed word document (in word or PDF format)
2. A completed project budget (download here)

*Do not attempt to submit your application in the Community Foundation grant portal unless otherwise instructed. We apologize for the inconvenience caused by our grant portal outage.*

**Questions?** Contact Community Engagement Manager Carolyn Desrosiers via email, cdesrosiers@cffoxvalley.org or 920.702.7625.

1. **ORGANIZATIONAL INFORMATION**

|  |  |
| --- | --- |
| Organization Applying |  |
| Year Established |  |
| Phone |  |
| Website |  |
| Email |  |
| Address |  |
| City, State, Zip |  |
| CEO, ED or Chair Name & Title |  |
| # of full-time employees |  |
| # of part-time employees |  |
| # of volunteers |  |
| Nonprofit Status (501 c 3, fiscally sponsored, etc.?) (If fiscally sponsored provide sponsor name and EIN) |  |
| Nonprofit EIN # |  |
|  |
| Provide information on those served by your organization over the past 3 years.Include in the table below: 1. The year (calendar or fiscal based on your preference)
2. The number of people served
3. The estimated percentage of people served from Clintonville
 |
|  | Year | Number of People | Percentage in Clintonville |
| Service Info Year 1 |  |  |  |
| Service Info Year 2 |  |  |  |
| Service Info Year 3 |  |  |  |

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| --- |
| Mission Statement:  |
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1. **CACF PREVIOUS YEAR GRANT PROJECT REPORT**

**CONTINUING in 2021:**

Beginning in 2019 and continuing with the 2021 Clintonville Area Community Foundation grant cycle, the format for final reports has changed. **Instead of completing a final report separately as a follow-up to your grant, you will be expected to report results on this page as a part of the new application.** If you were a grant recipient last year, please select "Yes" to the question below and answer the additional questions before moving on to the application. If you were not a grant recipient last year, please select "No" to the question below and move on to the next page.

Did you receive a grant from the Clintonville Area Community Foundation last year?

[ ]  Yes

[ ]  No

|  |
| --- |
| What was the purpose of the grant?  |
|  |
| Were you successful in meeting your grant objectives? Explain. |
|  |
| Please share one example, story, or quote that illustrates how a specific group or individual was affected? |
|  |
| What was the amount of the grant you received, and did you spend all of the grant funds? (Unspent grant funds must be returned to the Community Foundation). |
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If you have a photo that demonstrates the impact of the grant, **please email it as an attachment when you submit the grant application.**

1. **CACF GRANT PROPOSAL OVERVIEW**

|  |  |
| --- | --- |
| Project Title |  |
| Grant contact |  |
| Contact’s title |  |
| Phone |  |
| Email |  |
| Project start date |  \ \  |
| Project end date |  \ \ |
| Total project budget | $ |
| Total grant request | $ |
| Describe your grant request in 2-3 sentences. Please be precise and concise in your description. |  |

1. **CACF GRANT PROPOSAL SUMMARY**

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| --- |
| Describe your project in more detail. Include who will benefit, and how they will benefit, in your description. |
|  |
| What are the key objectives for this effort and how will you measure your success towards these objectives? |
|  |
| Describe how your organization works with others in our service area to address similar needs. |
|  |
| What else should we know about this request? |
|  |

1. **TERMS AND CONDITIONS**

Acceptance of the terms and conditions is required for your application to be considered.

[ ]  **By checking this box, the individual(s) whose name(s) appear on this application, including the Executive Director and/or Board Chair, confirm they are authorized to and do so commit the grantee to abide by the following grant terms and conditions:**

* Grant dollars will be used only for the purpose(s) described in this application.
* Grant dollars may not be used to participate or intervene in political campaigns or to support an attempt to influence legislation except to the extent that such activities are permissible under IRS rules for 501(c)(3) charitable organizations.
* Expenses charged against this grant may not be incurred prior to the receipt of the grant award or after the grant’s approved end date. A request for extension of the grant end date must be submitted in writing and is subject to approval.
* Funding for each year of a multiple-year commitment is contingent on committee approval of any written progress reports or face-to-face interviews.
* Future grants are contingent on committee approval of written progress reports or face-to-face meetings. Additional terms, conditions or contingencies may be requested in a signed agreement before releasing grant funding.
* The approved program and the terms and conditions of this agreement are subject to modification only with prior written approval.
* Unused grant dollars MAY NOT be reallocated without expressed permission from the Community Foundation for the Fox Valley Region.
* The grantee shall return any unused funds at the end of the grant period, or if the Community Foundation for the Fox Valley Region determines the grantee has not performed as set forth herein, or if the grantee loses its status as a public charity.

**CACF Non-discrimination**

NON-DISCRIMINATION POLICY

[ ]  **By checking this box, the applicant organization confirms it is in compliance with the Community Foundation’s Non-discrimination Policy, as follows:**

The Community Foundation and its geographic affiliates in Chilton, Clintonville, Shawano and Waupaca seek to promote respect for all people. In our Unrestricted and Field of Interest grant programs, the Foundation will not knowingly support organizations whose programs or services are not open to all without discrimination on the basis of race, color, religion, gender, national origin, ancestry, age, medical condition, disability, veteran status, marital status, sexual orientation, or any other characteristic protected by law. We recognize that organizations may identify special needs in the community and target programs or services to a specific population based on those needs; however the programs must be open to all people in those targeted populations to be eligible for grant consideration.