



HIGHLAND AREA COMMUNITY FOUNDATION

GRANT APPLICATION FORM

Applicant Name _____ Date _____

Address _____ Phone _____

Executive Officer's Name _____ Address _____ Phone _____

Are you a non-profit organization? _____ Are you registered as 501(c) (3)? _____

Are you a charitable organization? _____ Do you have an Illinois tax exempt number? _____ Number _____

Project Title _____ Amount Requested \$ _____

Starting Date _____ Ending Date _____

Project Contact _____
Name Address Phone

Submission Requirements:

- An audit or most recent fiscal year financial statement;
- Current operating budget;
- Current year-to-date income and expense statement;
- A list of governing Board members;
- An indication or preferably a formal board resolution that the Board has reviewed the application and approved it.

Guidelines For Completing Proposal Narrative:

- A description of the general purpose and objectives of the organization and the scope of its operations.
- A statement of the problem.
- Description of the purpose of the project/program for which funds are being requested, what it expects to accomplish and how it relates to the needs of the community.
- Proposed program design.
- Detailed project budget including other funding.

Certification:

Applicant agrees to spend any granted funds only for the purpose stated in the grant award. Applicant agrees to grant the H.A.C.F. the right to review the application with advisors of its choosing. Applicant will provide to the H.A.C.F. a written progress report within 12 months of the date of the grant award including photographs if appropriate. Any unused granted funds within the project completion date will be returned to H.A.C.F. unless the H.A.C.F. grants an extension.

Authorized Signature

One original copy of application and accompanying submission should be mailed or delivered not later than JULY 15th to the:

**Highland Area Community Foundation
P.O. Box 571, 907 Main Street
Highland, IL 62249**