

GIRARD AREA COMMUNITY FOUNDATION Call for Applications

The Girard Area Community Foundation announces the 2021 grant cycle. The Foundation will begin accepting applications on August 1, 2021 from local 501(c)(3) non-profit organizations and public institutions for programs that benefit the quality of life in the **Girard community and surrounding area**. The Girard Area Community Foundation funded approximately \$42,284 to recipients in grants last year and plans to fund at least the same in 2021. A link to the application can be found on the GACF website (<http://www.girardareafoundation.com>) and Girard Area Community Foundation Facebook page.

To be considered for funding, the application should be typed, one-sided and not stapled. Once the application is completed, along with any supporting documents, it can be scanned and emailed to Jeannie Peterson at jpeterson@girardmedicalcenter.com by **4:30 p.m. on September 30, 2021**. Applications may also be mailed to the Girard Area Community Foundation at the address below and must be **received by 4:30 p.m. on September 30, 2021**. All applicants will receive a confirmation of application receipt within one week via email. Applicants will be notified of acceptance or declination in writing.

Awards will be determined by the quality and strength of the case presented for the proposed need. The criteria considered in reviewing proposals are:

- Will the proposed strategies contribute to solutions of the identified need?
- Does the applicant appear capable of completing the proposed project?
- How is the applicant collaborating with other organizations or individuals?
- Does the budget show where every dollar will be spent?
- Completion of a grant evaluation report from the previous year if the GACF grant funding was received.

If you have any questions about the application process or need further assistance, please call Jeannie Peterson at 620-724-5131 or 620-238-0654 (cell) or Blaise Bauer at 620-238-0269 (cell).

Girard Area Community Foundation
c/o Jeannie Peterson
302 North Hospital Drive
Girard, KS 66743
Phone: 620-724-5131 or 620-238-0654
Email: jpeterson@girardmedicalcenter.com

2021 Girard Area Community Foundation Grant Application

All applications are due by 9/20/2021

SECTION A – APPLICANT INFORMATION

Legal Name of Organization: _____
(Should be the same as on the IRS Determination Letter)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Phone Number: _____ Email: _____

- Is your organization an IRS 501(c)(3) not-for-profit? Yes _____ No _____
(If Yes, FEIN # _____)

OR

If **yes** to any of the questions below, proof of nonprofit status is **not** needed.

- Is your organization a unit of the government? Yes _____ No _____
- Is your organization a religious institution? Yes _____ No _____
- Is your organization an educational institution? Yes _____ No _____

Have you received GACF grant funds before? YES _____ No _____ Year(s) _____

Brief Organization Description: _____

SECTION B – AMOUNT AND TYPE OF SUPPORT REQUESTED

Project Title: _____

Brief Description: _____

Dollar amount being requested: _____

For what purpose will the requested dollars be used? _____

Estimated number to be served: _____

**SECTION C – NAMES OF
AUTHORIZATION (Signature
not Required)**

Name of Organization: _____

Organization Address: _____

Organization Administrator: _____

Organization Chairperson/President: _____

SECTION D – NARRATIVE/DESCRIPTION

Please compose a narrative describing the following components of your project. Please use the form below to submit your application.

- 1. Project Description – Describe the project you are planning to implement with grant funding from the Girard Area Community Foundation. Please include information regarding your organization’s ability to complete the project. Note how your strategies compare to best practices in this program field.**

- 2. Description of Need Being Addressed:**

- 3. Population Served by Project (include number of participants, age, gender, family status, and household income):**

- 4. Organizational/Program Collaborations - List other organizations planning to partner with you on this proposed program. Include role they intend to play.**

- 5. Budget – Explain use of funds requested, other funding sources being used for the project, and total cost for the program. Provide a detailed, itemized list of expenses and, if applicable, other sources of income for this program. Is your organization willing to accept partial funding for this project?**

- 6. Include a list of your Board of Directors and a copy of your IRS Determination Letter.**