



P.O. Box 651
 Bryan, Ohio, 43506
 Phone: 419-633-1156
 Web: bryanareafoundation.org

Today's Date: __/__/____

APPLICATION INFORMATION			
Organization Name			
Mailing Address			
City		State:	Zip code:
Telephone			
Contact Person			
Title			
Email			
Web Address			

PROJECT INFORMATION	
Project Name	
Brief Summary of Project	
Grant Amount Requested	
Total Cost of Project	
Amt. Requested as a % of Total Project Cost	
Dates of the Project	Start Date: __/__/____ End Date: __/__/____
Is this request targeted toward any of the following fields of interests?	
<input type="checkbox"/> Agriculture/4-H <input type="checkbox"/> Animals <input type="checkbox"/> Boy/Girl Scouts <input type="checkbox"/> Forestry/Conservation <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Autism <input type="checkbox"/> Bryan Beautification	

501(c)(3) Organization: Yes No Please attach IRS Determination Letter to application.

Grants will only be awarded to tax-exempt organizations classified as 501(c)(3) charities.

STATEMENT OF NEED OR COMMUNITY BENEFIT

Is this a new or established program or project for your organization? New Established

What is the problem, challenge or need that this program or project addresses?
What is the community benefit that this program or project will impart?

Why is your organization positioned to address this need or benefit?

Briefly give a synopsis of the evidence of this need or benefit. Use corroborating research and statistics when possible.

PROJECT/PROGRAM DESCRIPTION AND METHODOLOGY

Describe the project or program. Include a timetable for implementation and the specific use of how the funds will be spent.

If the full amount of your request for funding cannot be granted, can your organization accept partial funding and still meet the goals of the project? Yes No If "No", please explain.

If this is an ongoing project, how will it be funded in the future?
If this is a capital project, how will ongoing maintenance issues be funded?

Are you currently collaborating with other organizations to make your project/program a success?
 Yes No If "Yes", please explain.

What tools will be used to evaluate the project (i.e., surveys, pre/post-tests)?
What outcomes will be necessary to classify the project as a success?

If you are awarded a grant, how do you propose to publicly acknowledge the Bryan Area Foundation?
If you are a past recipient, how have you acknowledged support from the Bryan Area Foundation in the past?
Please attach evidence of past acknowledgments if available.

Is there any further information that you wish to include that is pertinent to this grant request?

ORGANIZATIONAL INFORMATION

List Officers, Directors, or Trustees of organization and how long they have served your organization.

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Does your organization have paid staff? Yes No # Full-time # Part-Time

Will this grant involve the need for additional employees? Yes No
If "yes", how many?

Does your organization utilize volunteers? Yes No
If "yes", how many?

Is your organization affiliated with any religious organization? Yes No
If "yes", please explain below.

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Is your organization a past grant applicant? Yes No

Is your organization a past grant recipient? Yes No

Approximate number of individuals or families served by your organization?

What specific population and/or geographic area will this grant serve?

What percentage of your total income is in the form of individual contributions?

Please provide a brief statement of the mission, objectives and history of your organization.

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FINANCIAL INFORMATION-PROJECT REQUEST

SUMMARY OF HOW THIS PROJECT WILL BE FINANCED

Please attach purchase estimates and/or project bids for all new construction or renovation projects.

Source of Funds	Amount	Pending/Committed
Individual Donations:		
<i>(Total amount of individual donations)</i>		
Corporate, please specify:		
Grants (excluding BAF) please specify:		
Loans, please specify:		
Government, please specify:		
Other Sources, please specify:		

Expense Items	Amount	% of Total Project
Total Budget of Project:		

FINANCIAL INFORMATION-ORGANIZATION

Please send your organization’s most recent audit or independent financial review. Additionally, please submit your organization’s current financial statements dated no earlier than 3 months from the date of the grant application. For example, if you submit your BAF application on April 1, your financial statements must be dated no earlier than January 1.

OTHER INFORMATION

Checking Balance:

Savings Balance:

Total Endowments:

CD/ Investment Balance:

Explanation of any unusual expenses this month or so far this year:

990 INFORMATION

Federal law requires all 501(c)(3) organizations to submit either a 990, 990-EZ, or a 990-N on an annual basis. To demonstrate that your organization is in compliance with this law, the Bryan Area Foundation requires that each applicant submit a copy of their latest return.

REQUESTED SIGNATURES

To be signed by the organization’s Board President/Chair and by the individual to whom future questions and correspondence may be addressed with regard to this application:

President (or equivalent)

Date

Contact Person

Date

CHECKLIST OF REQUIRED INFORMATION

- Download and read grant guidelines and instructions
- Meeting with President/CEO at least 30 days prior to grant deadline
- Completed TYPED application. Handwritten applications will not be accepted
- 1 Original and 10 copies (11 total) - Grant application only
- Requested signatures
- A copy of IRS determination letter showing 501(c)(3) tax exempt status
- Most recent annual financial statement (preferably audited)
- Copy of most recent 990, 990-EZ or 990-N as submitted to the IRS
- Organizations current annual operating budget detailing income and expenses
- Most recent annual report, if available
- Purchase estimates and/or project bids, if applicable