

# October 2023 Grant Round

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*Harper County Community Foundation*

## *Grant Overview*

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### **Project Name\***

Name of Project.

*Character Limit: 100*

### **Type of Agency\***

#### Choices

- Educational
- Human Needs
- Health Care
- Community Improvement
- Rural Development

### **Type of Application\***

Please check to indicate if this is a new project or a continuation of an ongoing project you have previously applied for.

#### Choices

- New
- Ongoing

### **Geographic Area Served\***

Please check all that apply.

#### Choices

- Anthony
- Attica
- Bluff City
- Danville
- Harper
- Harper County
- Statewide

### **Project Impact - Numbers Served\***

Please check the estimated number of individuals impacted by your project.

#### Choices

- 1-25
- 25-100
- 100-250
- 250-500
- 500+

**Project Impact - Population Served\***

Please check those whom this project will primarily benefit.

**Choices**

- Children/Students
- Adults
- Seniors
- All of the Above

**Grants Awarded in the Past Two Years from All Sources\***

List ALL Grants and Amount Received in the Past Two Years.

*Character Limit: 5000*

**Grants Applied For & Pending Award Date\***

List ALL Grants Applied For Including the Amount, Purpose, and Pending Date of the Award.

*Character Limit: 5000*

**Applicant's Fiscal Year\***

Please indicate your organization's year-end date.

*Character Limit: 10*

**Grant Funds Requested\***

*Character Limit: 20*

**Do you have funds from another source?\***

**Choices**

- Yes
- No

**Additional Funding Sources**

If yes, please indicate the source and amount below.

*Character Limit: 1000*

**Partial Funding Options\***

In the event full funding is not available, please indicate what a pared-down second option would look like.

*Character Limit: 5000*

**Project Director\***

Will you (as the Grant Applicant) be serving as the Project Director?

**Choices**

- Yes
- No

## *Project Director*

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**Project Director Name\***

*Character Limit: 250*

**Project Director Title\***

*Character Limit: 250*

**Project Director Address\***

*Character Limit: 250*

**Project Director City\***

*Character Limit: 250*

**Project Director State\***

*Character Limit: 250*

**Project Director Zip Code\***

*Character Limit: 250*

**Project Director Telephone Number\***

*Character Limit: 250*

**Project Director Email Address\***

*Character Limit: 254*

## *Financial Officer*

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**Financial Officer Name\***

*Character Limit: 250*

**Financial Officer Title\***

*Character Limit: 250*

**Financial Officer Address\***

*Character Limit: 250*

**Financial Officer City\***

*Character Limit: 250*

**Financial Officer State\***

*Character Limit: 250*

**Financial Officer Zip Code\***

*Character Limit: 250*

## Financial Officer Telephone Number\*

*Character Limit: 250*

## Financial Officer Email Address\*

*Character Limit: 254*

## *Abstract*

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### **Abstract\***

Please include a brief overview of the project.

*Character Limit: 1000*

## *Project Description*

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### **Project Description\***

Describe the need for the project/program. Provide information about the activities and/or projects funded by the grant. Include the names of the people involved in the project.

*Character Limit: 5000*

### **Project Evaluation\***

How will you evaluate the success of the project?

*Character Limit: 3500*

## *Work Plan*

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### **Work Plan\***

It is the expectation of the Harper County Community Foundation that all funding will be used within 12-months after being awarded. The Work Plan should include a month-by-month schedule of activities that indicate how the funding will be used over the 12 months of the grant award.

*Character Limit: 5000*

## *Budget Narrative*

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### **Budget Narrative\***

Your narrative should describe in detail all budget items for which you request support. The budget narrative should provide details about line items listed on the Budget Sheet and any other relevant information.

*Character Limit: 3500*

## **Budget - Additional Information (Optional)**

*File Size Limit: 3 MB*

### *Budget Sheet*

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#### **Travel & Subsistence**

*Character Limit: 20*

#### **Furniture & Equipment**

*Character Limit: 20*

#### **Supplies**

*Character Limit: 20*

#### **Contractual**

*Character Limit: 20*

#### **Education & Training**

*Character Limit: 20*

#### **Building, Space & Maintenance**

*Character Limit: 20*

#### **Indirect Costs**

*Character Limit: 20*

#### **TOTAL AMOUNT REQUESTED\***

*Character Limit: 20*

### *Agreements and Certifications*

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#### **Agreement of Consent\***

With this electronic signature, I confirm the Superintendent, Board of Directors, Mayor, County Commissioners, or other governing entity of the applicant organization has approved the submission of this grant application.

#### **Choices**

I sign & confirm