

October 2024 Grant Round

Harper County Community Foundation

Grant Overview

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

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

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

Abstract*

Please include a brief overview of the project.

Character Limit: 1000

Project Description

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

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

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

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

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