



SHELBY COUNTY & CITY OF SHELBYVILLE RACINO GRANTS

Grant Application



Return 1 copy of completed forms by the August 1st deadline to:
Blue River Community Foundation
54 W. Broadway St., Suite 1, Shelbyville, IN 46176

Date: ____/____/____

Name of Organization: _____

Contact Person: _____ **Title:** _____

Address: _____

Telephone: _____ **E-mail for contact person:** _____

Program/Project Title: _____

Amount Requested: \$ _____

Briefly describe your request:

Please answer the following questions using no more than two pages, single spaced, in twelve (12) point font, in order and numbered with the header listed.

1. Explain the project for which funds are requested and tell how it fits into your mission. Specify any other non-profit partners that you plan to work with to implement the project.
2. Who will be overseeing the project and what is their position with your organization? Do they have any special credentials or experience that relate to this project?
3. How did you become aware of or identify the need for this project?
4. Describe who will be served by this project: how many and geographic area.
5. Describe the effect this project will have on your organization, your clients or participants, and the community.
6. What experience has your organization had with similar projects? Is this project based on the experience of another organization or community? If so, please elaborate.
7. Will there be a role for volunteers in this project? If so, what?
8. How do you plan to evaluate the success of this project?
9. How do you plan to sustain this project once any grant you may receive has been expended?
10. If your request for funds is not approved, what alternative plan would you follow?
11. Will your organization accept a lesser amount?
12. Is there anything else you would like for us to know about this project?

Proposals must include the following attachments:

1. This coversheet.
2. Copy of 501(c)3 exemption ruling from IRS
3. Answers to questions 1 - 12 listed above. *(Must be typed)*
4. List of current members of governing board & offices they hold.
5. Most recent financial audit or year-end financial statement for organization.
6. Current year operating budget for your organization.
7. Budget for project (see attached worksheet)

Project Budget

Please Note: This is a simplified budget worksheet.

Only include applicable revenue and expenses related directly to the program or project for which you are requesting support.

DO NOT INCLUDE BUDGET INFORMATION FOR YOUR ENTIRE ORGANIZATION ON THIS WORKSHEET.

| EXPENSES: | Contribution by Your Organization | Funds from other Sources | Request to County Racino Fund | Projected Total Project Cost |
|---|---|--------------------------------|-------------------------------------|------------------------------------|
| Administration: | | | | |
| These costs should not exceed 10% of the total program/project cost. | | | | |
| Staff/Personnel | | | | |
| Overhead Expenses | | | | |
| Other (please specify) | | | | |
| | | | | |
| Consultants/Outside Professionals: | | | | |
| Fees | | | | |
| Travel | | | | |
| Hotel and food | | | | |
| | | | | |
| Marketing/Promotions | | | | |
| Design/Print costs | | | | |
| Advertising Expenses | | | | |
| | | | | |
| Supplies & Office Expenses: | | | | |
| Office Supplies | | | | |
| Telephone | | | | |
| Duplicating | | | | |
| Mailing | | | | |
| Other | | | | |
| | | | | |
| Equipment: | | | | |
| Office | | | | |
| Instructional | | | | |
| Computer Equipment | | | | |
| Software | | | | |
| | | | | |
| Space and Remodeling: | | | | |
| Office Rental | | | | |
| Renovation and/or Building | | | | |
| | | | | |
| Other: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Direct Costs | | | | |
| Indirect Cost | | | | |
| Total Project Cost | | | | |

Budget Narrative (if needed)