

ORANGE COUNTY COMMISSIONERS SUPPORTING ORGANIZATION

112 WEST WATER STREET
PAOLI, IN 47454
ORANGECOUNTYCOMMUNITYFOUNDATION.ORG
DUE AUGUST 26, 2011

Fall 2011 - _____

Organization: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ email: _____

Director: _____ Contact Person: _____

PROJECT TITLE: _____

Amount Requested: \$ _____ Total Project Cost: \$ _____

PROJECT INFORMATION:

I. A. Project Summary: A concise summary (two or three paragraphs) of the proposed project. State the community need being addressed by the project and why organization is qualified to address the need. Describe how the proposed project will further the organization's overall mission.

B. Funding: Summarize
Total project cost.
Amount being requested from the Foundation.
How funds from the Foundation will be used.
Additional resources for funding, if available. Describe.

C. Implementation:
How will the project be implemented?
Whom will it serve?
How many people will be affected?
What are the expected outcomes and accomplishments?
What provisions exist for continuing the project beyond this grant?

D. Timetable:
Chart significant dates of implementation and project schedule.

E. Evaluation:

Summarize:

What has been your success with similar projects?

How do you plan to evaluate this project?

How will you measure its success?

What tools will be used to evaluate the project?

F. Are you affiliated with any sectarian or religious group?

G. Please list the names and amounts from other sources contributing 10% or more of your total budget in the past 2 years.

H. Project Period: from _____ to _____

*This application must be signed by the Chair or another *non-paid* officer of the agency's governing body.

Signature

Title

Print Name

*Name of program director or person from whom further information may be obtained:

Name

Title

Telephone

FOR OFFICE USE ONLY

Date Received: _____ Proposal # _____

Telephone Contact: _____

Acknowledgment sent: _____ Category _____

Action Taken: Approved _____ Declined _____

DISTRIBUTION INFORMATION:

Amount approved: \$ _____ Fund: _____

Distribution Schedule: Date: _____ Amount: _____

 Date: _____ Amount: _____

 Date: _____ Amount: _____

 Date: _____ Amount: _____

Approval Letter date: _____ Decline Letter date: _____

Evaluation due dates: _____