

**Sandusky County Communities Foundation, Inc.**

**2019 Community Grant Program Application**

**Cover Page**

**Organization:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Project Area (Circle one)**

Arts and Humanities   Community Development   Education   Environment   Health & Social Services   Youth Services

**Amount Requested:** \_\_\_\_\_ **(Not to exceed \$10,000)**

**Employer Identification Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Executive Director:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Grant Contact Person:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**(May be contacted during grant review process for additional information)**

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For consideration, completed applications with required attachments must be received by Friday, August 30, 2019 at 12:00 p.m. Application may be mailed or delivered to:

**Sandusky County Communities Foundation, Inc.**  
**215 Croghan Street**  
**Fremont, Ohio 43420**

Incomplete applications, faxed applications, emailed applications or applications received after the August 30, 2019, 12:00 p.m. deadline will not be considered.

Applicant organizations may be contacted for further information or documentation regarding the grant application. However, it is the policy of the SCCF not to engage in discussion regarding outcomes of pending grant proposals.

## Sandusky County Communities Foundation, Inc.

### 2019 Community Grant Program Application

#### Budget Page

**A. Category:**

Funding is limited to:

Services: Any contracted services (i.e. printing, professional advice, presenters, or independent contractor fees) to be funded with this grant.

Supplies: Any supplies for the project to be funded with this grant.

Capital Improvements: Any property purchase, equipment, building materials or facility improvements of the project to be funded with this grant.

Other: Any costs that do not fit into the above categories. Please explain these costs in the program narrative.

**B. SCCF Grant Request:**

List the funds requested from only SCCF in Column B. (Include amount/items to be purchased)

**C. Other Funding for Project:**

List any additional funds from other sources needed to complete the project in Column C. (Include amount/items to be purchased)

**D. Total Project Cost:**

List the entire cost of the project. The combined amounts of Column B and Column C will equal the total listed in Column D.

**Please Note:**

- SCCF grant funds may not be used for salaries/benefits for organization employees. Nor may they be used for general operating expenses of organization.
- Grant requests exceeding \$10,000 will not be considered.

Column A Category	Column B SCCF Grant Request	Column C Other Funding for Project	Column D Total Project Cost
Services			
Supplies			
Capital Improvement			
Other			
Total Project (Columns B+C=D)	(Not to Exceed \$10,000)		

**Sandusky County Communities Foundation, Inc.****2019 Community Grant Program Application****Certification Page**

Applicant hereby acknowledges and certifies that submitting this Community Grant Program Application constitutes an offer to the Sandusky County Communities Foundation to perform the program, purchases or products described in it and shall constitute a binding contract if and when the Sandusky County Communities Foundations approves the application and awards grant funds to the Applicant. The Applicant agrees and certifies that all grant funds awarded shall be expended only for programs, products or project in strict compliance with the Applicant's Community Grant Program Application, as approved by the Sandusky County Communities Foundation and the provisions of the Foundation's Community Grant Program Guidelines for Grant Seekers.

Any grant funds expended in violation of these requirements or for an unapproved expense shall be refunded to the Sandusky County Communities Foundation.

---

**Authorized Signature****Date**

---

**Printed Name****Title**