**Application Guidelines for Grant Proposals**



**Application Deadlines:**

January 15, April 15, July 15, October 15

## Grant Requirements:

Proposals must promote health and wellness opportunities to the residents of Summit and contiguous counties.

## General Guidelines:

* Support is awarded for one year at a time.
* Support for any one program will be for a maximum of three years, although

exceptions may be made by the Board.

* New projects, with a plan for continuation beyond the Foundation’s support

are of interest to the Foundation.

* Projects should demonstrate a direct benefit to the person served.
* Requests should be between $2,000 and $15,000; however, larger requests, potentially multi-year, may be considered.
* Funding preference is given to activities within southern Summit County.
* Capital campaigns may be considered.
* Semi-annual reports concerning budget, personnel, and program developments will be completed and returned to the Foundation as stated in the grant agreement.
* All grants expire within one (1) year of the grant agreement date. Any requests for deadline extensions or changes to the project in any way must be made in writing to the Foundation’s Chair, submitted through Barberton Community Foundation’s director of community impact, thirty (30) days before the annual evaluation is due. All correspondence must note the program name and grant number.
* All grant agreements must be signed and returned to the Foundation within thirty (30) days of the grant agreement date. Any agreement not received within the thirty days will be deemed a termination of the grant and the grantee will be notified accordingly.
* The tax-exempt status verified in the proposal must be valid; any changes in that status, or changes in the organization that could lead to a change in that status, must be reported to the Tuscora Park Health and Wellness Foundation immediately.
* The organization must keep and maintain records of expenditures adequate to check use of the grant readily. A final report must be submitted to the Foundation per the grant agreement.
* If the grant is intended to support a specific project or to provide general support for a specific period, any portion of the grant unexpended at the completion of the project or at the end of the period must be returned immediately to the Foundation.
* The organization must repay, upon demand, to the Tuscora Park Health and Wellness Foundation the amount of the grant if any condition of the contract is not upheld.
* The organization must send to the Foundation copies of any printed publicity regarding the awarding of any grant; the organization may, if it chooses, refer to the Tuscora Park Health and Wellness Foundation’s support in any such publicity.
* The Foundation may include information regarding grants, including the amount and purpose of grants, any photographs provided, logo or trademark, or other information or materials about recipient organizations and their activities, in the Foundation’s periodic public reports, newsletters, and news releases.

## Generally, grants are not given to:

* Any political campaign, political projects or to support attempts to influence legislation of any body of government other than that which occurs when nonpartisan analysis, study and research is made available.
* Projects outside of the defined giving area
* Individuals
* On-going operating expenses
* Debt reductions deficits or previous obligations
* Annual fundraising drives
* Sabbatical leaves or scholarly research
* Venture capital for competitive profit-making activities
* Religious organizations for religious purpose and endowments.

**How to Submit:**

Address any questions and applications to Carrie Herman, Director of Community Impact, at Tuscora Park Health & Wellness Foundation.

Please email grant requests to Carrie at cherman@barbertoncf.org.

Call us with any questions at 330-745-5995 or for more information visit [barbertoncf.org](file:///C%3A/Users/MelissaNaglic/Desktop/Melissa%27s%20Stuff/Carrie/barbertoncf.org).

\*If submitting a paper application, please provide one (1) copy of the items required\*

## Proposal Checklist:

1. Submit acover sheet and narrative pages, and if applicable, organization history page.
2. Submit most recent annual report; financial statements from your most recently completed fiscal year, whether audited or unaudited and a list of board members.

**Tuscora Park Health & Wellness Grant Application**

**Organization Information:**

*****Note – fields will expand as you type*

|  |  |
| --- | --- |
| Name of Organization: | Click or tap here to enter text. |
| Full Mailing Address: | Click or tap here to enter text. |
| Program Contact and Title: | Click or tap here to enter text. |
| Telephone (including extension): | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| 501(c)(3) Organization? | Choose an item. |
| Do You Have an Endowment? | Choose an item. |
| If yes, what is the endowment size, and where is it held? | Click or tap here to enter text. |
| Participation in the Summit County Unite Us Network? | Choose an item. |
| What is your Fiscal Year End Date? | Click or tap here to enter text. |

**Project Overview:**

*Note – fields will expand as you type*

|  |  |
| --- | --- |
| Project Title: | Click or tap here to enter text. |
| Project Start Date: | Click or tap here to enter text. |
| Project End Date: | Click or tap here to enter text. |
| Amount Requested: | Click or tap here to enter text. |
| Total Project Budget: | Click or tap here to enter text. |
| Total Number of Individuals to be Served:*Please provide unduplicated numbers* | Click or tap here to enter text. |

**Summary – Briefly provide a general overview of your grant request/project:**

Please limit to 3 sentences*:*

Click or tap here to enter text.

**Project Objectives and Measurement of Results:**

List up to 3 project objectives *(must include how you will measure project results*).

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

**Project Narrative:**

Describe the population to be served and how they will benefit from this project. What do you expect to happen as a result of this grant? How will you measure your results? How will you fund this program in the future?

Click or tap here to enter text.

*Note: If you currently have an active grant for this project, you must include an update on that project as part of your narrative in this section. Please include the grant number and expected completion date.*

**Project Budget:**

Please attach both your project budget and the total organizational budget for the current fiscal year,including a column showing the organization’s year-to-date status (budget vs actual).

**Organizational Background / Organizational Chart and Board List:**

Please provide your organizational background and attach an organizational chart and board list.

Include History • Service Area • Major Services Provided to the Community • Other Funders