

# **BUILDING COMMUNITY TOGETHER**

**GRANTMAKING GUIDELINES and APPLICATION** 

A guide for seeking grant funding from the

ABSR COMMUNITY FOUNDATION

#### MISSION

The **ABSR Community Foundation** is dedicated to promoting the well-being of the community of Beverly Shores, Indiana by making strategic investments in ideas, organizations, and the community.

The **ABSR Community Foundation**, a 501(c)(3) organization, accomplishes its mission by applying donations and grants received toward community-building activities. **The ABSR Community Foundation** awards grants to initiatives that contribute positively to the sense of community among residents in Beverly Shores, Indiana.

#### ELIGIBILITY

Any 501(c)(3), 501(c)(4) or government entities organized in or for Beverly Shores, Indiana may apply to **ABSR Community Foundation** for funding of specifically defined projects. While grants to religious organizations are considered, sectarian religious programs are not eligible. Further, we do not make grants to individuals, or to cover deficits or other previously incurred obligations.

### **GRANT MAKING CRITERIA**

**ABSR Community Foundation** grant decisions are determined by many factors, including the quality of the proposed initiative, the applicant organization's capacity to implement the initiative, the potential impact of the initiative, its sustainability and congruence with the Foundation's mission and funding capabilities.

## APPLYING TO THE FOUNDATION

Please complete the attached <u>ABSR Community Foundation Grant Application</u> including all available detail. As projects are considered for funding, additional information may be requested. There are no restrictions on the size of grant requested; however, the amount of funding should be in scale with the size of your organization's budget.

#### Please send Grant Application and any supporting documents to:

<u>By mail</u>	<u>By email</u>
ABSR Community Foundation	
PO Box 825	absrcf@gmail.com
Beverly Shores, IN 46301	

# ABSR Community Foundation Grant Application

Date submitted				
Submitted by:				
Organization	_			
Contact Name				
Address	_			
Phone				
Email				
What is the need that this project addresses?				
Describe the project for which funding is requested (incluproject's objectives)				
Funds requested \$ Matching fu	nds \$			
Will the project occur on or involve only property owned by applicant organization? If not, describe the permissions granted or involvement of ownership in the project.				
Describe the expected impact of the project on the Beve	rly Shores community.			

Explain your organization's implementation plan --- indicate who will do what and when.\_\_\_\_\_

Will the project require ongoing maintenance, improvements or other costs? If yes, how will your organization provide funding?

How will you measure successful completion of the project?

# Please attach a budget for the project, containing all available detail both in terms of dollars and time needed for completion, proposed beginning and ending dates.

Also attach any supporting documents, e.g., letters of support, evidence of applicant organization's accomplishments and effectiveness, or other materials you believe will be helpful to the ABSR Community Foundation in reviewing your proposal.

Best way to contact you if more information is needed (phone/email, daytime or evening)

Signed (Name and Title)

#### Name of Organization: \_\_\_\_\_

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please feel free to submit them in their original forms. Feel free to attach a budget narrative explaining your numbers if necessary.

### **ORGANIZATION BUDGET**

	BUDGET FOR YEAR	YEAR-TO-DATE
	20	Through
Revenue/Support		-
Corporate grants	\$	\$
Foundation grants	\$	\$
Government grants	\$	\$
Contributions	\$	\$
Membership dues	\$	\$
Special events/fundraisers	\$	\$
Sponsorships	\$	\$
Sales, rent	\$	\$
Endowment funds	\$	\$
Non-endowment investment income	\$	\$
Other (if more than 20% of total revenue,		
describe in narrative)	\$	\$
Total Revenue/Support	\$	\$
Expense		
Payroll expense	\$	\$
Affiliated orgs. or contracts		
(describe in narrative)	\$	\$
Professional fees	\$	\$
Equipment, supplies, materials	\$	\$
Office expense, utilities	\$	\$
Postage and mailing	\$	\$
Insurance	\$	\$
Other (if more than 20% of total expense,		
describe in narrative)	\$	\$
Total Expense	\$	\$
Total Revenue less Expense	\$	\$

Name of Project: Project Time Period (mm/dd/yy to mm/dd/yy): \_\_\_\_\_ Estimated time for completion: Description Time to complete Phase 1: \_\_\_\_\_\_ Phase 2: \_\_\_\_\_ \_\_\_\_\_ Phase 3: Phase 4: Total time for completion PROJECT BUDGET Revenue/Support Corporate grants \$ Foundation grants \$ \$ Government grants \$ Contributions Special events/fundraisers \$ \$ Sponsorships \$ Sales, rent \$ Endowment funds \$ Non-endowment investment income Other (if more than 20% of total revenue, describe in narrative) \$ Total Revenue/Support \$ Expense Payroll expense \$ Affiliated orgs. or contracts \$ (describe in narrative) Professional fees \$ . . . . . . . . . . . Equipment, supplies, materials \$ \$ Office expense, utilities Postage and mailing \$ Insurance \$ Other (if more than 20% of total expense, describe in narrative) \$ Total Expense \$\_\_\_\_\_ \$ \_\_\_\_\_ Total Revenue less Expense