



2026 MINI GRANT RENEWAL APPLICATION

FOR COMMUNITY SERVICES
January 2026-December 2026

THIS APPLICATION IS FOR REAPPLYING PROGRAMS REQUESTING FUNDS **UP TO \$10,000**

Application Type: Mini Renewal	Amount of Request:
Period of Grant: 1/1/2026-12/31/2026	Date of Application:

For any questions regarding the application materials, process, or submission, reach out to Chrystal Dew at Chrystal@MySourcePoint.org

APPLICANT INFORMATION:	
Organization Name:	
Mailing Address:	
Authorized Representative	Name & Title:
	Email:
Primary Contact Person	Name & Title:
	Email:
	Phone:

I certify that all information in this application is true and accurate and that all supporting documentation represents true copies of the originals.

Authorized Representative

Title

Signature

Date

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SUPPORTING DOCUMENT CHECKLIST



Your completed application must contain the materials listed below. Please review your application carefully before submitting it. **Provide a written explanation for any item listed as Not Applicable. Label the file attachments as follows:**

1. Application PDF: "Agency Name_Application_2026"
2. Signed Conditions of Participation: "Agency Name_Conditions of Participation_2026"
3. Supporting Documents: "Agency Name_Document Name_2026"
4. Any Not Applicable Items must be explained using a single document labeled: "Agency Name_Not Applicable Supporting Documentation_2026"

REQUIRED SUPPORTING DOCUMENTS	ATTACHED	NOT APPLICABLE
Internal Revenue Service Determination letter designating your organization as a qualified not-for-profit organization		
Certificate of Good Standing - Must be dated within the last 60 days Access the document on the Secretary of State website		
Verification of Registration Access the document on the Ohio Attorney General website		
Code of Regulations or By-laws for your organization		
Proof of Insurance: Face Sheets/Declaration Pages		
Board of Directors roster (including names & addresses of officers)		
Resolution of the governing body authorizing the submission		
Non-discrimination policies adopted by your organization		
Conflict of interest policy adopted by your organization		
Copy of IRS Form W-9		
Letters of Support from cooperating organizations (As many as necessary)		
Grant Application PDF		
Application Narrative		
Additional Grant Application Budget and Narrative (if applicable)		

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ALIGNMENT WITH FUNDING PRIORITIES



All grant applications submitted to SourcePoint must align with the organization’s established funding priorities. These priorities are determined through SourcePoint’s strategic planning process and approved by its Board of Directors. **Applicants are required to provide a brief explanation of how their proposed project supports this focus area in the narrative portion of the application.**

✓ **Please select the funding priority below that best matches your request**

	CAREGIVING SUPPORT - Funding supports unpaid, informal caregivers in efforts to sustain their ability to care for their loved ones. Examples include education and skill-building for caregivers, support groups, and financial or legal planning for caregivers.
	COMMUNITY BUILT ENVIRONMENT AND AGING IN PLACE - This priority focuses on creating safe, accessible, and age-friendly physical and digital environments. This can include walkable communities, accessible transportation, building modifications, and more, helping older adults actively participate in their communities. Funding requests should reflect practical, cost-effective solutions addressing real community needs. Examples include affordable transportation options, minor community enhancement projects, digital navigation improvements, and emergency preparedness initiatives.
	ECONOMIC STABILITY - Funding here supports efforts to improve financial security among older adults, including access to benefits, job training, financial education, and support with housing, food, and utilities to prevent poverty and hardship. Funding may also support financial assistance services to support income management and protection while preventing exploitation. Examples include workforce engagement initiatives, emergency financial assistance, food assistance programs, and payee or financial support services.
	HEALTHCARE ACCESS, AWARENESS & LITERACY - Funding supports systems to improve older adults’ ability to access, navigate, and understand their health care system and their own health needs. Examples include health literacy education, low-income healthcare access, medication management, and chronic disease education.
	MENTAL HEALTH ACCESS, AWARENESS & LITERACY - Funding expands the availability of mental health services while increasing understanding of mental health challenges and reducing stigma among older adults. Examples include peer or professional-led support groups, mental health education, and awareness programming.
	SOCIAL CONNECTEDNESS - Funding in this area supports programs that reduce isolation and foster meaningful community engagement among older adults through social activities, peer support, community groups, and technology-based connections. Examples include Friendly Visitor programs, technology access or support initiatives, and intergenerational engagement opportunities.

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APPLICATION NARRATIVE



The application narrative is limited to **1,250 words in total** across all sections. Any text beyond this word count will be disregarded and not evaluated. **Please submit your narrative in a separate document labeled "Agency Name_Narrative_2026"**

AGENCY OVERVIEW

1. Provide a brief overview of your organization
2. Provide a summary of your organization's experience in handling grants

FUNDING REQUEST

1. **Describe the Program or Initiative** you are requesting funding to support. Include an explanation of how older adults will be reached and a description of how the program operates.
 - a. How many Delaware County adults over 55 and/or caregivers for adults over 55 has your program impacted in 2025? Explain how this information is reported.
 - b. How many adults over 55 and/or caregivers for adults over 55 do you anticipate impacting in 2026? Explain how this information is reported.
2. **Alignment With Funding Priorities:** Explain how your program or initiative aligns with the funding priority(s) identified
3. **Collaborating Organizations:** Explain any other organizations contributing to this program/initiative, either through direct financial or programmatic support.
 - a. NOTE: A letter of support is required for each contributing organization outlining the partnership

FUNDING OVERSIGHT & IMPACT

1. How will you measure the success of your program or initiative? What goals or outcomes will be tracked and reported to SourcePoint?
2. SourcePoint's grants are provided on a reimbursement basis. How will you demonstrate to SourcePoint that the funding to be reimbursed was utilized for the purposes outlined in the grant application?
3. If your program serves multiple counties, describe the system established to assure SourcePoint's funding is used for Delaware County.
4. If you are asking for an increase in funding from 2025, provide justification for the increase requested and the impact if the increase is not approved. SourcePoint's grant funds are limited, and increases will only be granted when justified to meet the needs of those served.

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BUDGET & BUDGET NARRATIVE

Funding requests for renewal applications requesting funds **up to \$10,000**



For each line item, explain how the cost was determined and how SourcePoint's portion of the expense was established. List all expenses required for program operations, including those where SourcePoint's requested contribution is \$0. If additional lines are needed, submit a separate document using the same table structure, titled *Agency Name_Budget Narrative_2026*.

In the final column, provide the total cost to operate the program, including both SourcePoint's request and all other funding support. The *2026 Total Cost to Operate Program* column should equal the total of the *2026 Request of SourcePoint* plus the *2026 Other Funding* column.

SourcePoint funding does not support indirect costs. Assure all funding requests are incorporated into specified line items.

Funding Category	Line Item	Explain Purpose for Expense	2025 SourcePoint Award	2026 SourcePoint Request	2026 Other Funding	2026 Total Program Cost
PERSONNEL						
OPERATING						
OTHER (Explain)						

