Mini Innovative Grant Application for
Community Services

Cover Page - Requests of $10,000 or Less

***This application is for new programming requesting funds $10,000 or less***

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| --- | --- | --- | --- | --- |
| Application Type | **Mini Innovative** |  | Amount of Request |  |
| Period of Grant | **1/1/2023 - 12/31/2023** | Date of Application |  |
| **Applicant Information:** |
| Organization Name |  |
| Address |  |
| Telephone Number |  | Fax Number |  |
| Contact Person & Title |  |
| Address (if different from Above |  |
| Email Address |  | Direct Telephone |  |
| **Contributing Organizations *(List any other contributing organizations to this program or project below)*** |
| Organization | Address | Contact | Email | Telephone |
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| 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 |

**MINI INNOVATIVE GRANT APPLICATION AND CHECKLIST** (To be completed and submitted with application)

Your completed application should contain the materials listed below. Please review your application carefully before submitting. Place a check in the appropriate space for each application item being submitted. **Please provide a written explanation for any item listed as Not Applicable.** **Label the file attachments as follows:**

1. Application PDF: “*Agency Name­\_Application\_2023”*
2. Project Budget: “*Agency Name­\_Project Budget\_2023”*
3. Signed Conditions of Participation: “*Agency Name­\_Conditions of Participation\_2023”*
4. Supporting Documents: “*Agency Name­\_Document Name\_2023”*
5. Any Not Applicable Items may be explained using single document labeled: “*Agency Name­\_Not Applicable Supporting Documentation\_2023*

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| **Application Materials** | **Attached** | **Not Applicable** |
| **\*PLEASE NOTE..Anything over the word count limit will be automatically deleted and not be considered as part of the application.** |  |  |
| \*Cover Page |  |  |
| \*Agency Background |  |  |
| \*Program Information |  |  |
| 1. \*Need Statement/Problem Description
 |  |  |
| 1. \*Program Description and Narrative
 |  |  |
| 1. \*Funding Impact
 |  |  |
| \*Project Goal, Objectives, and Activities |  |  |
| \*Budget Narrative |  |  |
| \*All above included in Application PDF Document |  |  |
| Project Budget |  |  |
| Signed Conditions of Participation |  |  |
| **Supporting Documentation** |  |  |
| Internal Revenue Service Determination letter designating your organization as a qualified not-for-profit organization  |  |  |
| Certificate of Good Standing dated within last 60 days (Secretary of State’s website) |  |  |
| Verification of Registration with Ohio Attorney General’s Office (downloadable from website) |  |  |
| Your organization’s current Code of Regulations or By-laws  |  |  |
| Proof of Insurance: Face Sheets/Declaration Pages |  |  |
| Roster of Board of Directors (including names & addresses of officers) |  |  |
| Resolution of governing body authorizing the submission |  |  |
| Non-discrimination policies adopted by your organization |  |  |
| Conflict of interest policy adopted by your organization |  |  |
| IRS Form W-9 |  |  |

**A. Agency Background and Introduction (4500 characters maximum/approximately 800 words)**

Provide committee information on agency’s background, history and major accomplishments. Consider current major programming, services, details on the agency’s primary constituency and the agency’s experience and capacity for managing grants of this nature. If your agency is submitting more than one program grant, only complete this section once.

**B. Program Information**

1. **Need Statement/Problem Description:** What problem or issue does this program intend to address?

(Please limit inclusion of older adult population growth projections both on a national and local level) (2000 characters maximum/approximately 350 words)

1. **Program Description and Narrative:** How will this program address the previously described problem? Please estimate the number of individuals this program plans to serve in Delaware County, and cite your source(s) for this information. **(6000 characters maximum/approximately 1000 words)**
2. **Funding Impact**: How will this additional funding allow your agency to provide new or expanded services to Delaware County’s older adults? Be as specific as possible regarding services to be impacted. **(1500 characters/approximately 250 words)**

**C. Program Goal and Objectives**

Use the outline below to detail the program goal(s), the measureable objective(s) of your program, the activities planned to achieve these objectives and the timeline for the completion of your objective(s).

A **Goal** is the broad **impact** intended by the program on those served. For example: *Combat hunger in Delaware County among at-risk older adults.*

Note: a goal is not a task involved with program administration such as renewing insurance or maintaining accurate documentation/files

An **Objective** is a measurable output expected as a result of the activities planned. For example: *Serve 238,000 meals in 2023 to 1100 at risk-older adults in Delaware County. SourcePoint will track progress using ServTracker.* Measureable objectives should be specific, measurable (including a description of the method of measurement to be used), realistic, and relevant to the mission of SourcePoint.

An **Activity** is the actual task or event that will occur to meet the objective and ultimately achieve the goal. For example: *50 volunteers will deliver hot and/or frozen meals to at-risk older adults in their homes 5 days per week.*

The **Timeline** provides the date(s) by which the proposed objective(s) will be completed. For example: *238,000 meals to be served to 1100 at-risk older adults by Dec. 31, 2023.*

Please be aware that this outline will be used in monthly reports on the project’s progress toward achieving the outlined goals. Include as many objectives as relevant for your program.

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| --- | --- | --- | --- |
| **GOALS** What is your project intending to accomplish? | **MEASURABLE OBJECTIVES** How will the goal be achieved? How many individuals do you plan for this objective to impact? What is your method of measurement? | **MAJOR ACTIVITIES TO ACHIEVE OBJECTIVE** What activities/tasks will you do to meet your objective? Please include number of individuals, events, etc. | **TIMELINE** Dates by which the proposed objectives will be completed. |
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**D. Budget Narrative**

Please complete the field below for **each line item in your proposed budget**.

Use as many fields as you have line items in your proposed budget.

1. Explanation for Line Items Requested:

|  |  |  |
| --- | --- | --- |
| Line Item **(maximum 25 characters/approximately 13 words)** | Source(s) of Additional Funding **(maximum 150 characters/approximately 75 words)** | Narrative of how SourcePoint’s contribution was calculated & Justification for any increase from 2022 funding level |
|  |  |  |

1. If no other funding is utilized for your project request, please explain further **(maximum 500 characters/approximately 90 words)**
2. If your program serves individuals who reside outside of Delaware County, provide the amounts of private funding, contributions or donations your agency has received from Delaware County residents for the past 3 years **(maximum 1000 characters/approximately 175 words)**

**E. Grant Project Budget (see attached spreadsheet)**

Please use the budget form provided to list each specific line item in the first column. Enter the amount you are requesting from SourcePoint in the first column. All grant recipients are expected to show a commitment of organization funds in the second column, with a total of SourcePoint and organization funds listed in the third and final column. Please provide a grand total at the bottom of each column and sign the budget page.