**MINI GRANT APPLICATION AND CHECKLIST**

(To be completed and submitted with this application)

Your completed application should contain the materials listed below. Please review your application carefully before submitting it to SourcePoint. Place a check mark 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\_2024”*
2. Project Budget: “*Agency Name­\_Project Budget\_2024”*
3. Signed Conditions of Participation: “*Agency Name­\_Conditions of Participation\_2024”*
4. Supporting Documents: “*Agency Name­\_Document Name\_2024”*
5. Any Not Applicable Items may be explained using single document labeled: “*Agency Name­\_Not Applicable Supporting Documentation\_2024*

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| --- | --- | --- |
| **Application Materials** | **Attached** | **Not Applicable** |
| \*Cover Page |  |  |
| \*Agency Background |  |  |
| \*Program Information |  |  |
| 1. \*Need Statement/Problem Description |  |  |
| 1. \*Program Description and Narrative |  |  |
| \*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 |  |  |