Mini Grant Application for Community Services
Cover Page - Requests of $10,000 or Less

This application is for reapplying programs requesting funds $10,000 or less

Application Type:	**Mini Community**		Amount of Request:	
Period of Grant	**1/1/2024-12/31/2024**		Date of Application	

Applicant Information:

Organization Name:	
Address:	
Telephone Number:	Fax Number:
Contact Person	
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

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 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*

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		
2. *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		

A. Agency Background and Introduction <u>(Max 3,000 characters/500 words)</u>

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) **(Max 2000 characters /350 words)**

2. **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. **(Max 4500 characters/800 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 2024 to 1100 at risk-older adults in Delaware County. SourcePoint will track progress using ServTracker.* Measureable objectives should be specific, <u>measurable (including a description of the method of measurement to be used)</u>, 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, 2024.*

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.

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

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 (max 25 characters/13 words)	Source(s) of Additional Funding (max 150 characters/75 words)	Narrative How is SourcePoint's contribution calculated & justification for any increase from 2023 funding level

2. If no other funding is utilized for your project request, please explain further (max 500 characters/ 90 words)

3. 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 **(max 1000 characters/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. Include the current year's approved SourcePoint grant budget in the second column and the amount you are requesting for the new year in the third column. All grant recipients are expected to show a commitment of organization funds for the new year in the fourth column, with a total of SourcePoint and organization funds listed in the fifth and final column. Please provide a grand total at the bottom of each column and sign the budget page.