



**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***

Application Type:	<b>Mini Innovative</b>	Amount of Request:	
Period of Grant	<b>1/1/2024-12/31/2024</b>	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

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 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
<b>*PLEASE NOTE..Anything over the word count limit will be automatically deleted and not be considered as part of the application.</b>		
*Cover Page		
*Agency Background		
*Program Information		
1. *Need Statement/Problem Description		
2. *Program Description and Narrative		
3. *Funding Impact		
*Project Goal, Objectives, and Activities		
*Budget Narrative		
*All above included in Application PDF Document		
Project Budget		
Signed Conditions of Participation		
<b>Supporting Documentation</b>		
Internal Revenue Service Determination letter designating your organization as a qualified not-for-profit organization		
Certificate of Good Standing dated within last 60 days <small>(Secretary of State’s website)</small>		
Verification of Registration with Ohio Attorney General’s Office <small>(downloadable from website)</small>		
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** (Max 4500 characters/800 words)

Provide committee information on the 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 6000 characters/1000 words)

- 3. 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. (Max 1500 characters/ 250 words)

### C. Program Goal and Objectives

Use the outline below to detail the program goal(s), the measurable 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.* Measurable 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 an 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 to your program.

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

**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:**

<b>Line Item</b> (max 25 characters/ 13 words)	<b>Source(s) of Additional Funding</b> (max 150 characters/ 75 words)	<b>Narrative</b> How is SourcePoint’s contribution calculated & justification for any increase from the 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. 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.