

**2025 MINI INNOVATIVE GRANT APPLICATION**

FOR COMMUNITY SERVICES

Requests less than $10,000

THIS APPLICATION IS FOR **NEW REQUESTS OF $10,000 OR LESS**

|  |  |
| --- | --- |
| Application Type: Mini Innovative | Amount of Request: |
| Period of Grant: 1/1/2025-12/31/2025 | 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 |
|  |  |  |  |  |
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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

SOURCEPOINT 2025 MINI INNOVATIVE GRANT APPLICATION | COVER PAGE



**2025 MINI INNOVATIVE GRANT CHECKLIST**

TO BE COMPLETED AND SUBMITTED WITH THIS APPLICATION

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\_2025”*
2. Project Budget: *“Agency Name¬\_Project Budget\_2025”*
3. Signed Conditions of Participation: *“Agency Name¬\_Conditions of Participation\_2025”*
4. Supporting Documents: *“Agency Name¬\_Document Name\_2025”*
5. Any Not Applicable Items must be explained using single document labeled: *“Agency Name¬\_Not Applicable Supporting Documentation\_2025*

|  |  |  |
| --- | --- | --- |
| **APPLICATION MATERIALS** | **ATTACHED** | **NOT APPLICABLE** |
| Cover Page |  |  |
| Agency Background |  |  |
| Program Information |  |  |
| 1. Need Statement/Problem Description |  |  |
| 2. Program Description and Narrative |  |  |
| Project Goal, Objectives, and Activities |  |  |
| Budget Narrative |  |  |
| Project Budget |  |  |
| Signed Conditions of Participation |  |  |

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| --- | --- | --- |
| **SUPPORTING DOCUMENTATION** | **ATTACHED** | **NOT APPLICABLE** |
| 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 web-  site) |  |  |
| 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 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 |  |  |



**2025 MINI INNOVATIVE GRANT**

AGENCY & PROGRAM INFORMATION

## \*PLEASE NOTE: Anything over the word count limit will be automatically deleted and not be considered as part of the application.

1. **AGENCY BACKGROUND AND INTRODUCTION** (3000 characters maximum/approximately 500 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.

# 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)
  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. (6000 characters maximum/approximately 1000 words)



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PROGRAM GOALS & OBJECTIVES

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

* Example: *Combat hunger in Delaware County among at-risk older adults.*

***An Objective*** is a measurable output expected as a result of the activities planned. 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.

* + Example: *Serve 238,000 meals in 2025 to 1100 at risk-older adults in Delaware County. SourcePoint will track progress using ServTracker.*

***An Activity*** is the actual task or event that will occur to meet the objective and ultimately achieve the goal.

* + Example: *50 volunteers will deliver hot and/or frozen meals to at-risk older adults in their homes 5 days per week.*

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.* |
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**2025 MINI INNOVATIVE GRANT**

BUDGET DETAILS

# 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. Your submitted budget sheet should exactly match the completed table below in number and description of line items.

## Explanation for Line Items Requested:

|  |  |  |
| --- | --- | --- |
| **LINE ITEM** | **SOURCE(S) OF** | **NARRATIVE OF HOW SOURCEPOINT’S CONTRIBUTION**  **WAS DETERMINED** & justification for any increase from 2024  funding level |
| Personnel |  |  |
|  |  |  |
| Operating |  |  |
|  |  |  |
| Other |  |  |
|  |  |  |

* 1. **If no other funding is utilized for your project request, please explain further** (maximum 500 characters/ approximately 90 words)

1. **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.