



Spring / Fall Grant Cycle Application

Miami County Foundation and the grants awarded will effectively assist, encourage and promote the health, education, and the welfare of the citizens of Miami County, Ohio.

GUIDELINES & REQUIREMENTS

- Application packets must be **postmarked on or before February 28 (Spring) or September 10 (Fall)**. No applications will be accepted via fax or e-mail. Typed application is preferred. If delivering to the office drop box, do so by 4 PM on the due date.
- Qualified applicants must provide services directly to the citizens of Miami County.
- Non-profit organizations must be certified as tax-exempt by the Internal Revenue Service as a 501(c) or equivalent organization, preferably 501(c)(3).
- If a non-Miami County organization, the application packet must include a signed letter of support verifying the partnership/support within the county and the potential number of residents served.
- Additional sources of funding for the project are encouraged to be demonstrated on the application.
- Recipients must submit a **final report** prior to receiving additional funding. (See next page.)
- Grants will not be considered for the following:
 - *Program/project that has/will have been completed within two months of the grant application deadline.*
 - *Incomplete or late application.*
 - *Purchase that has previously been made.*
 - *Organizations that serve only one religious group.*
 - *General operating funds.*
 - *More than one grant per 12-month period (except for schools).*
 - *Political orgs or those which the primary purpose is to influence legislation, political viewpoint, promotion of a particular candidate.*
- Selection of grant recipients will be completed within two months of the grant deadline.
- First consideration given to organizations that did not receive grant funding the previous year.
- First consideration for school applicants that are not requesting continued funding for the same project.
- Upon funding approval, notification will be shared including a date for check presentation.
- Applicants not approved for funding may reapply for the same project at any time.
- If the approved grant is one of several funding sources necessary to complete a project, payment may be delayed until assurance has been received that necessary funding has been secured.
- Grants applications are reviewed and approval is issued by Miami County Foundation's board of directors.

Find the appropriate application requirements for your request using the chart on the following page.

Please contact the executive director with any questions:

(937) 773-9012 or executivedirector@miamicountyfoundation.org.

Spring / Fall Grant Cycle Application

GRANT APPLICATION INSTRUCTIONS & SELF-CHECKLIST

- ❑ **Final Report:** Did you receive a grant last year from MCF? Be sure to complete your final report. See miamicountyfoundation.org/grants for a report template. Grants awarded the previous spring must submit a final report by the following February 20. Grant awarded in the previous fall must submit a final report by the following August 20. Failure to submit a final report invalidates future funding opportunities.

NON-PROFIT ORGANIZATION	SCHOOLS	MUNICIPALITIES*
<p><u>FIVE SETS:</u></p> <ul style="list-style-type: none"> ❑ Grant application form ❑ Required signatures ❑ Basic budget for proposed project or purchase ❑ Most-recent financial statement ❑ Annual report or equivalent ❑ List of governing board ❑ (If providing services to a school: Letter of support from school's principal or superintendent.) <p><u>ONE COPY:</u></p> <ul style="list-style-type: none"> ❑ Letter of determination from Internal Revenue Service certifying 501(c)(3) status. 	<p><u>FIVE SETS:</u></p> <ul style="list-style-type: none"> ❑ Grant application form ❑ Required signatures, including superintendent ❑ Basic budget for proposed project 	<p><u>FIVE SETS:</u></p> <ul style="list-style-type: none"> ❑ Grant application form ❑ Required signatures ❑ Basic budget for proposed project <p><i>*includes all government agencies</i></p>

Application packets must be delivered to the foundation office drop box **by 4 PM** on the due date or postmarked by the due date:

Spring Grant Applications due February 28
Fall Grant Applications due September 10

If a due date falls on a weekend, applications will be due by 4 PM the next business day.

MAIL*	DELIVERY
<p>Miami County Foundation 317 N. Wayne St. P.O. Box 1526 Piqua, OH 45356-1526</p>	<p>Outside drop box or in-person at: Miami County Foundation 317 N. Wayne St. Piqua, OH 45356</p>

*It's recommended to use the UNITED STATES POST OFFICE since other delivery services don't always deliver during office hours or to the post office box.



Spring / Fall Grant Cycle Application

Applicant Information

Applicant's Name **Phone** Cell Work **e-mail** **Position**
ex: development personnel, teacher, volunteer, board member, assistant director

Organization Information

Applicant Type: Non-Profit Org Municipality/City School Ongoing Humanitarian 3-Year Renewal

Organization Name *(Schools: Please list District & Building followed by Dept/Class/Club descriptor)*

Street Address **City** **ST** **ZIP**

Internal Revenue Service Status is 501 (c)3 or equivalent? No Yes: **Federal ID #** _____

First Grant Request to MCF? Yes No: **Date of Last Request** **Date of Last MCF Grant Award**

Org's Primary Contact Name **Phone** Cell Work **e-mail** **Position**
ex: executive director/school principal/board president/business manager

Organization's Mission and History (Please include major activities and approximate date of establishment. Include a separate page if needed.)

Project Information

\$ _____ **Amount Requesting from MCF \$** *(round to nearest dollar)* \$ _____ **Project Total Budget \$**

Other Sources of Project Support (Please indicate if other support is pending or received.)

Area(s) / Demographic(s) of Miami County Served by Project **# of Miami County Residents Impacted by Project**

Purpose of Grant (Briefly state what MCF's grant funding would be used for if received / short project description. Include a separate page if needed.)

Required Signatures

By signing, I certify that to the best of my knowledge the information in this application is accurate and complete and that required documents are included.

Applicant Name **Signature** **Date**

Org's Primary Contact Name *(President/Director/Principal)* **Signature** **Date**

School Superintendent Name *(if applicable)* **Signature** **Date**