



Communities of
COASTAL GEORGIA FOUNDATION

2017 Community Impact Grant Application

Deadline February 28

You can save this form to your computer. Complete, sign and **return by email or mail to: (contact information on last page)**. Applications **MUST** be received or postmarked by the deadline. Complete all questions and be sure to review instructions.

1. Legal Name of Organization: _____
2. Tax ID # (FEIN): _____
3. Mailing Address: _____
4. Physical Address (if different): _____
5. Executive Officer: _____ Title: _____
Phone: _____ Email: _____
6. Contact or Project Coordinator (*if different*): _____
Title: _____ Phone: _____ Email: _____
7. Are you a 501(c)(3) organization? Government entity?
8. Are you currently registered with the GA Secretary of State as a nonprofit?
9. Are you currently registered with the GA Secretary of State for charitable solicitation?
10. Mission Statement: _____

11. Focus Area: (Proposals must address at least one of the grantmaking priorities). **Please check all that apply:**

Programs serving at-risk youth and which specifically address one of these areas of focus:

- Early Childhood Literacy and/or Quality-Rated Child Care*
- Teen pregnancy and births to unwed young mothers*
- Juvenile Crime and Gang Activity*
- High School Graduation and/Workforce Readiness*
- Youth Development and Innovative Education Strategies*
- Risk Reduction, including child protective, substance abuse, and/or mental health services.*

12. Amount Requested: _____ (no more than \$5,000)

Total Project Budget(include matching resources) : _____

13. County(ies) served by program/project:(select only those which are directly served by this program): Camden Glynn McIntosh

14. Estimated Number to Be Served: _____

15. Proposed start date (no earlier than July 2017): _____

Completion date: _____

16. Is this a new or ongoing project? _____

17. Project name and synopsis of what the grant will fund (***no more than 2 sentences***):

18. Describe the Project/Program goals and objectives:

19. Describe the Project/Program activities and timeline that will drive/accomplish these objectives:

20. Describe the evaluation methods that will be used to determine and measure outcomes and how you will determine whether the goals and objectives have been met.

21. Governance information:

- a) How many board seats does your organization have? _____
- b) How often does your board meet? _____
- c) Are any members of the staff related to members of the board? _____
If yes, please describe: _____
- d) What % of the board contributed financially in the past 12 months? _____
- e) Do you have a multi-year strategic plan approved by the board? _____
- f) Do you have an annual operating plan and budget approved by the board? _____
- g) How often is the Chief Executive reviewed and by whom? _____

22. If this is a collaborative project provide a letter of support from collaborative partners and describe how the organizations will be working together to address the identified needs:

23. Project Budget Summary: Complete the form below, providing a detailed line-item budget and comprehensive list of funding sources (including monies already received) associated with the proposed project. If applicable, include in-kind donations/non-cash support. Total expenses should not exceed total project funding. If the project is ongoing please provide an explanation of how it will be funded in the future:

Project Budget

<u>Item Description</u>	<u>Amount Requested</u>	<u>Amount from Other Source</u>	<u>TOTAL</u>
Project Totals			

List Other Funding Sources (2nd Column Above)

<u>Funding Source</u>	<u>Amount</u>	<u>Status</u>
Project Totals		

SIGNATURES:

EXECUTIVE OFFICER/CEO

DATE

BOARD CHAIR

DATE

REQUIRED ATTACHMENTS:

- List of Board of Directors and Officers, with affiliations
- Current Operating Budget
- Balance Sheet (most recent fiscal year)
- Annual Report (if available)
- Most recent IRS 990 or 990n (identify whether there were any deficiencies or material restrictions cited)
- Audited financial statements for the last fiscal year if annual budget is greater than \$500,000, or a review by an independent, certified public accountant if annual budget is less. (call if questions)
- Collaboration between agencies or schools must include a Letter of Support from the executive(s) of the partnering organization(s) or the principal of the school

NEW REQUIREMENT: If you received a Community Impact Grant last year, the final report must be submitted prior to this year's application deadline.

Contact me if you have questions or trouble with the application form.

CONTACT INFORMATION:

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