## **Community Impact Grant Application**

Deadline: August 31 2021 at 03:00 PM EDT

pplicant Contact Information					
Please provide the f	ollowing information regarding	the person filling out this g	grant application.		
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itle *					
hone (The best numb	er to reach you between 8am and 4	4:30pm) *			
mail *					
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all applicants to keep their Guidestar profiles as up-to-date and detailed as possible.

Learn more here: https://help.guidestar.org/en/articles/3382584-how-to-claim-your-nonprofit-profile

Organization Name \*

Please enter your Employer Identification Number (EIN) for HCCF reference. \*

Many foundations (including HCCF), donors and donor advised funds, use Guidestar to help with our due diligence. We highly encourage all applicants to keep their Guidestar profiles as up-to-date and detailed as possible.

Learn more here: https://help.guidestar.org/en/articles/3382584-how-to-claim-your-nonprofit-profile

Organization Website \*

City \*

Select one...

Zip \*

Organizational Finances

Attach, in PDF format, your organization's most recent year's financial report including budget to actuals. \*

Select File

Choose File

No file selected

Maximum File Size: 20/MB, Accepted file types: pdf

No file attached

Vhat, if anything, should the reviewers know about the attached financial statement?	*
	Min words required: 0
fax Number of Words: 300	
lease describe the value your organization places on inclusivity, diversity, equity, and	d accessibility? How do your Board and staff reflect that value? *
equest Information equest Title *	
equest Description *	
equest Website (if different than your organization's website)	
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HCCF Common Proposal Budget Template. You are not required to, but may, use this template for your budget. \*

Select File

Choose File

No file selected

Maximum File Size: 10MB , Accepted file types:
.pdf
No file attached

Requested Funding Amour	nt ting for funding from HCCF? *				
iow much are you reques					
					_
ease provide a	a narrative respo	nse to the follo	wing questions.		
lease describe the need i	n our community that your rec	quest, if funded, would help	alleviate. If you are successful, h	now will our community be better off? *	
				Min words required: 0	I
lax Number of Words: 30		Are you working with other	agencies? Does the request utili:	ze volunteers? Who else is funding this	
equest? *	stative nature of this request.	Are you working with other	agencies. Does the request utilis	the volunteers. Who else is failuing this	
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lease describe how you p	lan to measure your success. '	What does success look like	?? What tools/processes will used	to measure that success? *	
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ax Number of Words: 30 hat else should the revie	o ewers know about your organiz	zation or this request? *			
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ax Number of Words: 30	0				
tachments					

Please use this section to attach additional and necessary information regarding this request.
Attachment 1
Select File
Choose File No file selected
Maximum File Size: 10MB
No file attached
Attachment 2
Select File  Choose File  Maximum File Size: 10MB  No file attached  Attachment 3
Select File  Choose File No file selected  Maximum File Size: 10MB No file attached

Application Approval	
This application must be approved by the Executive Director of the applicant organization. If you are the Executive Director, please complete the application does not have paid staff, please have the Board President complete this approval.	roval below. If your
Executive Director's First Name *	
Executive Director's Last Name *	
Executive Director's Email Address *	
Executive Director's Phone Number	

## Submission

If you have any questions, please contact Eric Hessel at the Hendricks County Community Community Foundation at eric@hendrickscountycf.org or 317.268.6240. Please note that the Community Foundation's hours are Monday through Friday 8am - 4:30pm. There is no guarantee to reach someone outside of those hours.

Thank you for the work you are doing in Hendricks County and for submitting this application for a Community Impact Grant. We look forward to reviewing your application!