**Vevay-Switzerland County Foundation, Inc. Grant Application Cover Sheet**

**The mission of the Vevay Switzerland County Foundation, Inc. is to aid in the continuing improvements of Vevay and Switzerland County for the betterment of its citizens and its citizens to come.**

**Deadlines: April 1st and October 1st**

**(project cannot begin before funding decision is made)**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State & Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title \_\_\_\_\_\_\_\_\_\_\_\_ (this person will be responsible for final report)

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your organization an IRS 501(c)(3) not-for-profit? [ ] Yes [ ] No (government and schools are classified without paperwork)

If no, provide the following of Organization that holds a 501(c)(3) and will be responsible for handling the finances for this grant: Name, Address, Phone and Contact Person. Provide a copy of this organizations 501(c)(3) determination letter. (This organization will sign the grant agreement).

Provide a line item of last year’s operating budget and current year operating budget showing approved budget vs year-to-date income and expenses.

**Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Project Budget $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must match budget breakdown.)**

**Grant Request $ \_\_\_\_\_\_\_\_\_\_\_ (how much of the total project budget you are asking Foundation)**

**Date project will begin: \_\_\_\_\_\_\_\_\_\_\_ Date Project will end: \_\_\_\_\_\_\_\_\_\_\_\_**

Understand that you MAY be asked to attend a meeting to discuss your grant request.

To the best of my knowledge and belief, statements in this grant application are true and correct; the governing body of the applicant has duly authorized the document; and the applicant organization will comply with applicable laws, regulations, terms and conditions in effect at the time of grant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (type name is accepted) Date

**Grant Application**

1. Organization’s mission.
2. Project description: Describe the purpose of this request, how it will be carried out, how many people will be utilizing this project (break down number between Switzerland County and other counties)
3. Does it address a current need? On-going need? How was the need determined?
4. Why is your organization the best to address this need?
5. Are you partnering with any other organization to address this need?
6. Describe what changes will occur because of your project?
7. How will you measure your success and failure of this project?
8. Describe your plans for sustaining the program (funding and other sources).
9. Other information that you wish to provide.

Project Budget (REQUIRED)

Please provide a complete line-item budget of the project for which you are requesting funding.

Show income and expenses.

In the income category, list where you have or hope to receive funds to complete this project.

In the expenses category, list the different expense lines.

Organization Balance and Income/Expense Report for previous year. (REQUIRED)