

Smart Growth Initiative

Pickaway County Community Foundation

Application for Grant Funding

Pickaway County is amid an historic period of growth and change. As part of one of the fastest growing metropolitan areas in the country, our community leaders are faced with new opportunities and challenges almost daily. The Smart Growth Initiative will provide the opportunity for the sharing of ideas and best practices, the crafting of shared vision and the development of tools and resources to help realize our community's greatest potential.

Resources secured through this fund may include, but are not limited to, educational forums, land use plans, zoning code updates, infrastructure planning, grant writing, and development of other tools and resources consistent with this purpose.

- *Please type*
- *Return completed application and documents to: tanderson@pickawayprogress.com*
- *Direct questions to 740-420-6498*

Attach the following to the application:

1. A summary of the proposed project
2. Project Budget showing all sources of income/expenses (including other grants received)
3. Organization's Budget
4. List of all Board members for the organization
5. Evidence of organization's good financial standing:
 - a. If 501(c)(3), please provide most recent Form 990
 - b. For Local Government, please provide most recent state audit
6. IRS designation letter (501(c)(3) only)
7. Resolution from council/board approving application

ORGANIZATION NAME: _____ DATE: _____

ORGANIZATION CONTACT: _____ TITLE: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

PHONE: _____ EMAIL: _____

MISSION STATEMENT of Organization: _____

TOTAL COST OF PROJECT: \$ _____ AMOUNT REQUESTED: \$ _____

ESTIMATED TIME PERIOD/DURATION OF PROJECT: _____

TAX EXEMPT STATUS:

501(c)(3): *Circle one* YES NO (If yes) FEDERAL TAX ID #: _____

*** Please attach IRS Designation Letter (501(c)(3) only)

(If no, circle one) MUNICIPALITY OR LOCAL GOVERNMENT? STATE VERIFICATION #: _____

*** All applicants please attach a resolution from council/board approving your application

I certify the information provided in this application is true to the best of my knowledge.

(Printed Name of Organization Contact)

(Signature of Organization Contact)

(Date)

(Printed Name of Project Chairperson)

(Signature of Project Chairperson)

(Date)

(Printed Name of Project Chairperson)

(Signature of Project Chairperson)

(Date)

(Printed Name of Project Chairperson)

(Signature of Project Chairperson)

(Date)

(Printed Name of Project Chairperson)

(Signature of Project Chairperson)

(Date)

(Printed Name of Project Chairperson)

(Signature of Project Chairperson)

(Date)

DESCRIPTION OF THE PURPOSE & NEED OF THE PROJECT: (educational, planning, zoning, infrastructure, other- Provide information on the project you intend to address with this program and why it's needed)

HOW WILL THIS PROJECT BENEFIT PICKAWAY COUNTY/AREA OF OUR COMMUNITY?

DESCRIBE THE RESOURCES YOUR ORGANZATION WILL DEDICATE TO THIS PROJECT: (In addition to your organizations funds, what other funding streams will be used)

WHAT ARE THE EXPECTED RESULTS FROM THIS PROJECT & HOW WILL YOU MEASURE ITS SUCCESS:
(Include key performance indicators and specific numbers)
