

Cover Page
Branson Area Community Grantmaking Fund
Community Foundation of Taney County
Affiliate of the Community Foundation of the Ozarks, Inc.
P.O. Box 805
Forsyth, MO 65653

The Branson Area Community Grantmaking Fund supports only organizations and projects serving Branson and the Western Taney County area.

Please complete the following application form and return it to BACGF with attachments. Please print or type your responses in the spaces provided. If you have any questions call Diana Prasifka, BACGF chairperson, 417-335-9335.

APPLICANT INFORMATION

Organization _____ President/Director _____

Address _____

Establishing Date of Organization _____

Telephone (_____) _____ Cell Phone (_____) _____ e-mail _____

PROJECT INFORMATION

Project Name _____

Project Contact _____ Phone _____ Email _____

Total Amount of Project Budget _____ Amount requested from BACGF _____

Attachment checklist:

- ___ Cover page
- ___ Narrative (no more than TWO PAGES)
- ___ Project's budget
- ___ List of Board members
- ___ Letters of agreement from collaborating organizations, if applicable.
- ___ Non-profit status (IRS letter, 501C3 Affiliation, etc)

Signature of organization president

Date

Date of Governing Board approval

NARRATIVE OUTLINE

Please use **NO MORE THAN TWO TYPED PAGES** to answer the following items. If any of the items below are not applicable to your project please indicate that. Please use separate paper, do not write answers on this sheet. All paragraphs should be numbered as indicated below.

- 1) **Please briefly describe your local organization including its purpose, mission statement and goals.** It is not necessary to include the history of the national or state organization. Clearly explain your affiliation (if any) with any local, state or national organization.
- 2) **What are the specific community needs or problems that you are trying to solve through the proposed project?**
- 3) **If you are doing the project in cooperation with other organizations, please list those organizations.**
- 4) **Please clearly state the goals of your project.**
 - describe how your clients/members would be affected by your project
 - how many people will be affected by the project
- 5) **How do you plan to measure the success of your project?** (ie. retain receipt of expenditure, track number of participants, estimate community impact)
- 6) **Please explain the portion of your project to be funded by BACGF.**
- 7) **(optional) If you feel there are important aspects of your project that we have not asked you about, please tell us about them.**

As part of the application process, a member of our Grants Committee may visit you.

PROJECT BUDGET

If you already have a prepared budget showing the portion to be supplied by the BACGF grant submit a copy of it in place of the following. Please highlight those parts showing BACGF grant involvement.

Your project may involve all of the following budget categories or as few as just one category. Please select the budget categories suitable to your project and check the “Not Applicable” box for the others. We need to see the budget for the entire project even if you are not asking BACGF to cover the entire amount. This does not mean the budget for your organization, only the budget for the project involving this grant proposal.

CATEGORY 1: Personnel/Salaries ___ Not Applicable

If any personnel are to be paid a salary while working on this project please include in this category. If the salary is not part of the request to the BACGF please enter “0” in the BACGF portion column.

Position Title	Salary Total	BACGF Portion
Subtotals		

CATEGORY 2: Equipment/books ___ Not Applicable

This is a non-consumables category.

Item Description	Total Cost	BACGF Portion
Subtotals		

CATEGORY 3: Supplies ___ Not Applicable

Disposable consumable materials needed for the project.

Item Description	Total Cost	BACGF Portion
Office Supplies		
Educational Supplies		
Postage		
Other		
Subtotals		

CATEGORY 4: Services

 Not Applicable

This category includes all payments to outside services for printing, mailing, etc.

<u>Item Description</u>	<u>Total Cost</u>	<u>BACGF Portion</u>
<u>Printing/duplication</u>		
<u>Mail service</u>		
<u>Telephone</u>		
<u>Rent</u>		
Subtotals		

SUMMARY OF ALL CATEGORIES

Please enter 0 in any “not applicable” category.

<u>Category</u>	<u>Total Cost</u>	<u>BACGF Portion</u>
<u>Category 1</u>		
<u>Category 2</u>		
<u>Category 3</u>		
<u>Category 4</u>		
Total		