



Grant Application

Organization Name: _____

Address: _____

Executive Director: _____

Phone: _____

E-mail: _____

Website Address: _____

Grant Project: _____

Amount Requested: _____

Total Cost of Project: _____

Service Area: _____

The grant application should include the following:

- Application Narrative as described on page 2 of this form, three-page maximum
- Detailed Project Budget justifying your funding request
- Current Annual Operating Budget
- Most Recent Year-end Financial Statements, audited if available
- Board Member and Officer List including name, address and occupation
- Copy of IRS 501(c) (3) determination letter
- Most recent Annual Report
- Letters of support from financial or project partners, if applicable

Questions regarding the grant application process:

Contact – marketing@centra.org 812-314-0254

Grant Application can be submitted by e-mail or mailed to:

Centra Foundation
P.O Box 789
Columbus, IN 47202

CENTERED ON CARING

Question Sheet:

Please answer the following questions using no more than three pages, single-spaced, in twelve (12) point font, in the order listed. Please restate the question. You are encouraged to be specific as possible in the space allowed.

Narrative

1. What is your organization's mission?
2. What services does your organization provide to the community?
3. What community need(s) or issue(s) will be addressed through this project?
4. Describe how your project impacts the Centra Foundation's Funding Interests.
5. What outcomes have this project been designed to accomplish? How will you measure success?
6. Describe the activities or steps you will take to carry out your project.
7. How many people will be served by this project?
8. What other agencies will be involved in this project? How will you coordinate with them?
9. What relevant assets and experience does your organization bring to this project?
10. How will this project be financed in the future?
11. What else, if anything, would you like us to know about your project or organization?

FOR OFFICE USE ONLY:

Date Received: _____

Date Approved/Declined: _____

Amount Approved/Initials: _____

Date Letter Sent: _____

CENTERED ON CARING