Western Indiana Community Foundation
2025 Community Impact Grant Program - $2,501 to $7,500

Eligibility Requirements

Geographic Area Served*
Will your funding request serve or provide opportunities to the citizens of Fountain or Vermillion County in Indiana?

Tax Exempt Status*
Is your organization defined as tax exempt under Section 501(c)(3) by the Internal Revenue Service?
* OR
- Recognized as a governmental entity including state, county, or city agencies such as health departments
- Recognized as an educational facility, such as K-12, private or charter schools or school districts and higher education institutions
- Formed as a non-governmental organization which operates exclusively for charitable purposes.

Has it been at least 12 months or more since you last received grant funding from the Community Foundation?*
If you have never received grant funding, please answer this question with 'Yes'.

Funding Need*
Is the amount being requested between $2,501 and $7,500?

Organization Information

How long has your organization been in existence?*
Years and months.

Briefly describe your organization's mission and primary activities.*
Please list first and last names of the organization's officers or leaders.*
List one name and title, then hit return to have the next name listed on a new line. This list should state the president, vice president, secretary, and treasurer. Officers could have different title names across different organizations. We want to know who are the top leaders of this project. This could be chair or co-chair, organizer, etc.
Example:
Sally Jones, President
John Doe, Vice President

IRS Information
In this section:

1. If you have a 9 digit (xx-xxxxxxx) Federal Tax Identification Number (ID#) or Employer Identification Number (EIN), enter it in the box.
2, Attach a copy of your organizations IRS Letter of Determination (Exceptions include, Federal, State, Local Governments, Churches, and Public Schools.) NOTE: An organizations state sales, property, or income tax exemption letter DOES NOT qualify as an "IRS determined" nonprofit.

Upload IRS determination letter

Project Information

Select the Focus Area that best describes your project.*
Choices: Tourism, Libraries, Education, Children & Youth, The Environment, Protective Services, Parks & Recreation, Perennials (ages 65+), Downtown Revitalization, Community Development, Health & Human Services, Quality of Life Enhancements, Workforce & Economic Development, Arts, Culture and Historic Preservation, or Other

If focus area is "Other", please explain:

Project Name*
Provide a project name. (Maximum of 3 words, such as: Facility Restoration; Walking Path Signage; Library Upgrades; Field Trip; Entrance Fee Costs, Etc.)

Anticipated Project Start Date*

Anticipated Project End Date*

Project Description*
Please explain the origin of your project and provide a clear, focused description that highlights its purpose, the need it addresses, and how it will benefit the community or its residents.

Grant Impact*
What measurable outcomes do you aim to achieve through this project, and how will you assess its effectiveness?

How many individuals will this project directly serve?*

Demographics of those served*
Please tell us about the groups of people this project will help, such as their age ranges, backgrounds, economic level, or other important details

Describe the various ways you will promote the Community Foundations funding of the project? *
Provide detailed strategies on HOW and WHERE you will promote the Community Foundations funding of this project. The Community Foundation relies on the generosity of individuals,

businesses, civic organizations, alumni, and others to support the activities of the Community Foundation. Your promotional activities, acknowledging the Foundation's support of the project, assists the Foundation in sharing our story. In this way, you help us help you!

Additional Supporting Information (Limit of 2 pages)
Please upload any additional supporting information to review with you application. This is the ideal place to attach a picture(s), vendor estimates, letter of support, etc. It should not be a repeat of information already provided in the application.

Grant Funding Information

Total Project Budget*
The total amount should reflect the full cost of the project and may or can exceed the amount requested below in the chart.
Please note: The community Foundation prioritizes grant requests that demonstrate support through contributions from you and/or other community partners, rather than relying solely on the Foundation full project funding.

Upload the budget for this project*
Include a line-item budget showing revenue and expenses for the whole project or program.
- Revenue line item examples would include monies from the organization's budget or savings, fundraisers, participant fees, in-kind work, grants from other organizations, etc. This should include all pending and confirmed funding.
- Expense line item examples would be what the funding is going towards such as specific items being purchased, project supplies, construction materials, contractor or consultant work, etc.

Which Community Foundation are you requesting funding and how much?
Each Community Foundation provides funding only to organizations that directly impact its geographic area. For instance; if an organization primarily serves the Attica community it is unlikely the Vermillion County Community Foundation will provide funding for the project. Some organizations provide services across geographic boundaries (Fountain County Ambulance Services; Bi-County Water Rescue Team). These organizations would be the entities most likely to receive funding from one or more Community Foundation. Please round the amounts to nearest dollar.
Chart: Foundation Name Requested Amount

Are you requesting full and complete funding for this project from the Foundation? *
Does the total project budget answer equal to the total amount requested from the Foundation? If yes, please explain.

If this request is partially funded by the Foundation, how will you address the funding gap?*
The Community Foundation has a limited amount of funding available per year. Grant requests

are competitive. Based on the number of grants received and/or funding priorities, the board of directors may only award a portion of the amount requested. What will your organization do if the full amount is not awarded? What are your contingency plans, such as scaling the project, seeking additional funding, or modifying the project scope.

Is this a long term project? How will it be sustained past the grant period?
How long will this project or program continue into the future past the grant period? How will it be sustained in funding and maintenance?

Disclosure Agreement

Western Indiana Community Foundation's role in Grant Applicant's programs and services is limited solely to making grants and assuring grants are administered in accordance with the terms of the approved application.
The Grant Applicant represents and warrants that it will use all granted funds in accordance with applicable laws and for the purpose(s) of the approved application.
Grant Applicant agrees to indemnify, and hold the Western Indiana Community Foundation harmless from any liability imposed on the Western Indiana Community Foundation based on any conduct or omission occurring in connection with a program or service of Grant Applicant for which the Western Indiana Community Foundation has provided a grant.

Electronic Signature *
Please type your FIRST and LAST name indicating that you acknowledge and agree to the terms of the Disclosure Agreement. *

Confirmation*
I understand and agree.