Western Indiana Community Foundation
2025 Rapid Response Community Grant Program - $1 to $2,500

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.

Funding Need*

Is the amount being requested $2,500 or less?

Organization Information

Who are the leaders of this project and what are the positions they hold?*

This would be the names of the people leading and organization this project and what position they hold with the organization. This can be more than one person.

Example:

Sally Jones, President

John Doe, Project Leader

William Smith, Fundraiser

Character Limit: 3000

Project Information

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.

How many individuals will this project directly serve?*

Grant Impact*
What outcomes do you aim to achieve through this project?
Who will and approximately how many benefit from this project?

How will you know if this project is successful?*
What information will you get back from this project? How will you know this project has had a positive impact or has been effective in your community?

Describe the various ways you will promote the Community Foundation's 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!

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 organization's 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

Grant Funding Information

Focus Area*
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:

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 the nearest dollar.
Chart: Foundation Name, Requested Amount

Total Project Budget*
The total should reflect the full cost of the project and may exceed the amount requested above.
Please note: The Community Foundation prioritizes grant requests that demonstrate support through contributions from you and/or other community partners. The foundation likes to see collaborations and partnerships on projects. It is preferred that the Foundation is not the sole funder for the project.

Are you requesting full funding for this project from the Foundation? *
If YES, please explain why other community members or other organizations have not been asked to help support this project.
If NO, please give the names of the other businesses and organizations that are supporting this project

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, other grants, etc. This would also 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.

Additional Supporting Information (Limit to 2-3 pages)
Please upload any additional supporting information to review with your application. This is the ideal place to attach a picture(s), vendor estimates, etc. It should not be a repeat of information already provided in the application.

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*
Choices
I understand and agree