The Georgine E. Bates Memorial Fund Grant Application

Thank you for your interest in the Georgine E. Bates Memorial Fund. We sincerely appreciate your organization's efforts to strengthen and enrich the Champaign County community.

About the Fund

The Georgine E. Bates Memorial Fund honors the memory of Georgine Bates, whose life was rooted in faith, community, and service. Following Georgine's passing in 1978, Russell D. Bates established the fund to support organizations and programs that enhance the quality of life and well-being of residents throughout Champaign County.

Before You Begin

- Application must be completed in one session.
- Responses are not automatically saved.
- Estimated completion time: 20-30 minutes

Deadline: Friday, October 16, 2026

For questions email: Lori@SpringfieldFoundation.org

The Georgine E. Bates Memorial Fund Grant Application

* 1. Please confirm that your organization meets all of the following requirements to be eligible for funding.

- [ ] Organization is a 501(c)(3), church, government entity, or operates under a qualified fiscal sponsor.
- [ ] Organization maintains an active governing board and operates without unlawful discrimination.
- [ ] Proposed project serves residents of Champaign County, Ohio.

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* 2. Organization Name:

* 3. Mailing Address

Street address

Street address line 2

City

State Ohio

Zip code

Country United States

* 4. Organization's Phone Number

Country code

Phone number +1

5. Website

* 6. EIN Number

* 7. How is your organization classified as a charity?

* 8. What is your mission statement?

* 9. Contact Person for this Grant Proposal

First name

Last name

10. Contact Person: Email Address

Email address

* 11. Contact Person: Preferred Phone Number

Country code

Phone number +1

* 12. Contact Person: Job Title

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13. What type of request is this?

14. What is the total cost of the program/project?

* 15. What amount of funding are you requesting from the Georgine E. Bates Memorial Fund?

* 16. Is this a new program/project for your organization?

- Yes
- No

* 17. What is the title of the program/project? If this is an operating request, please enter Operational Support as the title.

18. What is the expected number of people served by this project?

* 19. Please provide a clear description of the program, project, or the need for general operating support.

* 20. Please describe how the program/project will help or impact the citizens of Champaign County.

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* 21. Please decribe the geographic area(s) of Champaign County that will benefit from the proposed project.

* 22. Does your organization or program collaborate with other entities in Champaign County? If so, please describe the nature of these partnerships.

23. List three outcomes you anticipate achieving for this request.

Outcome 1

Outcome 2

Outcome 3

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* 24. How would the requested funds be used?

* 25. If awarded partial grant funding or no grant funding, how would this program/project be impact?

* 26. Is there a finance professsional affiliated with your organization?

- ◯ Yes
- ◯ No

27. If yes, please provide their name and title.