Organizational Information

General Information

Name of Organization*

EIN*

Previous Name, if changed

Mailing Address Street 1*

Mailing Address Street 2

City*

State*

Zip Code *

Website

Phone*

Name of Director/CEO*

Title of Director/CEO*

Physical Address Street 1 (if different from mailing address)

Physical Address Street 2

City

State

Zip Code

When was your organization established?*

How is your organization classified as a charity?*

Select...

What is your mission statement?*

Does your organization have an endowment?*

☐ No

☐ Yes

What is your organization's fiscal year-end date?*

Contact Person for this Proposal

First Name*

Last Name*

Job Title*

Email Address*

Preferred Phone Number*

Has the organization applied for a grant from the Springfield Foundation in the past?*

☐ No   ☐ Yes

Board & Staff Information

How many part-time paid employees does your organization have?*

How many full-time paid employees does your organization have?*

How many volunteers does your organization have?*

How many Board members does your organization have?*

How often does your Board of Directors meet?*

Select...

What is expected of your Board members? Choose all that apply.*

- ☐ Develop Policy
- ☐ Create Strategic Plan
- ☐ Provide Oversight to the Organization
- ☐ Contribute Financially
- ☐ Supervise Paid Staff
- ☐ Volunteer Service to the Organization

How does your organization determine who is qualified to serve on its board?*

Please describe other duties expected of the board.

Please attach your organization's board roster.*
Please include the name of each board member, any titles, and relevant information.

No file selected

What percentage of your board and leadership team live or work in the following areas. *
Your total should add to 100%. Please enter only the number value, not the % symbol.

County	Percentage Living or Working There
Clark County	

Adjacent to Clark County (Champaign, Madison, Greene, Montgomery, Miami)

Other (this includes Franklin County)

0%

Request Description

Throughout this section, present a clear and compelling case for funding by showcasing the project's significance, the community needs it addresses, it's feasibility, and its collaborative approach.

What type of request is this?*

Select...

What is the title of the program/project? If this is an operational request, enter operational support as the title.*

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

☐ No   ☐ Yes

Is this a long-term or multi-year program/project?*

☐ No   ☐ Yes

In one sentence, please summarize the program, project, or the need for general operating support.*

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

Outline the program or project that this grant aims to support and explain the significance for the community you serve. If this is a request for operational support, elaborate on how grant funding will support your mission.

Please select the Focus Area of this request.*

Select...

Please choose a goal from the Foundation's grant-making strategy that best aligns with your organization's request.

Select...

Please explain how the request meets the Foundation's goal, selected above. If your request does not address one of the Foundation's goals, please indicate such and explain why this request is important to Clark County.*

How many individuals do you anticipate will be served by this program or project during the one-year grant period?*

How do you calculate that number? Examples: we count the number of individuals; the number of families; both the individual and their family members; the number of animals.*

Will you be partnering or collaborating with other community organizations on this program or project?*

☐ No   ☐ Yes

What is the total cost of this program/project?   **What amount of funding are you requesting from the Springfield Foundation for this program/project?***

*

Springfield Foundation prefers not to be the only funder. List no more than 5 other funders who will be or have been approached to support this activity and indicate the amount of each request and whether it is "to be submitted", is "pending" or is "funded".

Collaborative Partner	Requested/Funded Amount	To Be Submitted, Pending or Funded

How would this program/project be impacted if awarded partial grant funding or no grant funding from the Springfield Foundation?*

Population Served

The Springfield Foundation aims to gain deeper insights into the communities we serve, ensuring that funding resources are directed towards addressing challenges across our community.

Select the primary service area(s) for the project/program being considered. Choose Clark County if most of your programming occurs outside the city limits, Springfield if your programming occurs within the city, or both if applicable.

☐ Clark County
☐ Springfield

Provide demographic and geographic information regarding the community or population benefiting from or served by this request.*

What steps does your organization take to ensure that your project or programming effectively reaches and engages both your target audience and the broader community? Please describe any specific strategies or actions you use to support and promote your work.*

Outcomes

Outcomes show the changes your program achieves and the benefits participants receive. They demonstrate the broader impact of your activities.

What Outcomes do you anticipate to achieve for this request?

Outcome 1:*

Outcome 2:*

Outcome 3:

How will you know if you've been successful?*

Required Financial Attachments

Should the Springfield Foundation need to see additional financial information, you may be contacted to provide the organization's most recently completed Form 990 or most recent financial audit.

Is there a finance professional affiliated with your organization?*

(i.e., a member of your staff, a member of your board or someone contracted to provide financial support and guidance.)

☐ No ☐ Yes

Has your organization received any federal funding during the past year?*

☐ No ◉ Yes

Please describe whether your organization's federal funding has been reduced or otherwise affected this year.

Attach Statement of Financial Position (Balance Sheet) for your organization's most recently completed fiscal year.*

No file selected

Attach Statement of Activities for your organization's most recently completed fiscal year.*

(Revenue/Expense Statement)

No file selected

Attach the complete program/project budget. This should be the full cost associated with providing this program/project, not just the portion of costs that would be covered by a grant from the Springfield Foundation. If you are requesting operational support, attach your operating budget here.*

No file selected

Please use this space to provide an explanation of the attached financial statements, if needed.

By submitting this application:

1. I affirm that my organization conducts business without discrimination on the basis of race, religion, sex, age, disability, or national origin.

2. I affirm that all information provided is true and accurate to the best of my knowledge.