



GRANT APPLICATION

Fairfield Community Foundation
5350 Pleasant Avenue
Fairfield, OH 45014
(513) 829-6355
Ronda@fairfieldcommunityfoundation.org

FAIRFIELD COMMUNITY FOUNDATION

MISSION STATEMENT

The Fairfield Community Foundation exists to enhance and strengthen the quality of life for the citizens of Fairfield City and Fairfield Township.

Our Foundation shall accomplish that by:

- Providing a means for individuals and organizations with varied interests and levels of donations to give back to their community, both during and after their lifetimes.
- Using responsible stewardship in developing and managing permanent endowment funds for community needs such as support of education, community resources, arts, culture, parks, beautification, recreation, historic preservation and needs of families, senior citizens, youth, and the challenged of our community.
- Assessing and responding to existing, emerging, and changing community needs and opportunities.
- Providing leadership to shape the future and build a healthy, strong, compassionate community.

PURPOSE:

The Fairfield Community Foundation's grant program is dedicated to improving the quality of life in our community by supporting a wide range of organizations, both new and old, which carry out projects in the following areas:

- Arts & Culture
- Parks, Beautification and Recreation
- Historic Preservation
- Youth, Seniors and Individuals Living with Disabilities
- Scholarships
- Character Education

As we are a local foundation funded through the generosity of our community's citizens, organizations must provide projects or services of direct benefit to citizens of Fairfield and Fairfield Township.

POLICIES:

Grant making policy and specific grant decisions are made by the Board of Trustees. The size and number of grants are directly related to the amount of money available each year and the restrictions donors have placed upon the use of certain funds.

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The Foundation restricts its support to organizations with a non-profit and tax-exempt status.

Grants are not made to individuals.

We will not grant to the same organization more than once within the same year.

TIMELINES AND THE PROCESS:

The Board of Trustees of the Fairfield Community Foundation is comprised of community leaders, elected by the Board to 3-year terms. The grants committee meets three times per year to review and recommend grants to the Foundation's Board of Trustees. The following are deadline dates for the receipt of your request:

- December 15 for review in January
- March 15 for review in April
- July 15 for review in August

These dates are subject to change

Completed grant application, plus a copy of your organization's 501(c)(3) letter should be mailed or emailed to ronda@fairfieldcommunityfoundation.org.

Fairfield Community Foundation
5350 Pleasant Avenue
Fairfield, Ohio 45014

Telephone: 513-829-6355

Email: ronda@fairfieldcommunityfoundation.org

E-mail is encouraged. Please consider submitting your application electronically. You may email, mail or drop off your application at the above address. Please do not include extra items such as organizational articles, brochures or videos.

If your organization receives a grant, you will be required to complete an evaluation form at the end of the year and submit it to the Fairfield Community Foundation.

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SECTION ONE -ORGANIZATION DATA

| | |
|---------------------------------------------|--|
| Applicant Organization (Full Legal Name) | |
| Doing Business As | |
| Previous Name, if changed | |
| Street Address | |
| City | |
| State | |
| Zip Code | |
| County | |
| Mailing Address (if different from address) | |
| City | |
| State | |
| Zip Code | |
| E-Mail | |
| Web Site | |
| Phone (including area code) | |
| Fax (including area code) | |
| Executive Director or other Contact Person | |
| Phone | |
| Budgeted Expenses for Current Year | |
| Endowment Size | |
| Organization's Major Funding Sources | |

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SECTION TWO -REQUEST DATA

Program/Project Title: _____

Amount of this request: \$ _____

Total Budget for this Program/Project: \$ _____

Proposal contact person information: Name: _____

Title: _____

Phone: (____) _____

Fax (____) _____

E-Mail: _____

Community served by this Program/Project:

Brief demographic description of population served by this Program/Project:

Signature of Executive Director: _____

Signature of Board President: _____

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NOTE: Please use separate sheet of paper for Sections Three, Four and Five below. Use no more than four additional pages.

SECTION THREE – PROFILE OF ORGANIZATION

1. Brief summary of organization's history
2. Brief statement of organization's vision/mission
3. Brief description of current programs/projects and activities
4. Description of organization's constituency and geographic region (if different than the project as described above)

SECTION FOUR – BENEFIT STATEMENT OF NEED ASSESSMENT

Statement of need project is attempting to meet or benefit the project is attempting to produce and evidence of that need or benefit.

SECTION FIVE – PROGRAM/PROJECT DESCRIPTION/METHODOLOGY

Description of program/project, including:

- a. Activities to accomplish programs/project (is this a new or on-going activity)
- b. Goals/objectives
- c. Timetable for implementation
- d. Duration of program/project
- e. Measurable outcomes