

### <u>URGENT NEED GRANT FUNDING – CLAY COUNTY</u>

For a Clay County organization with a proven track record with the Community Foundation as being sound financial stewards and successful community providers, a one-time grant of up to \$2,500 is available for an urgent operational need. This grant may be used for a sudden, unanticipated and unavoidable challenge. Generally speaking, a compelling reason must exist in order to shorten and simplify the review process. Urgent grant needs are reviewed on an as-needed basis and therefore do not fall within the deadline dates applied to the typical grant cycles.

## Examples of eligible requests are:

- Natural or accidental disasters (fire/flood, etc.);
- Theft or damage to equipment required to operate core programs;
- Accidental or unexpected occurrences that, until resolved, cause facilities to be inaccessible or render programs unable to operate;
- Unexpected failure or immediate impending failure of equipment that could threaten an organization's ability to provide programming or services.

#### **Ineligible Requests**

- Replacement of a gradual loss of funding or declining donation income or lost government funding;
- Provision of interim funding while waiting for government or insurance reimbursement;
- Start-up support for new programs;
- Addressing problems resulting from an organization's failure to adequately plan or exercise duty of care. Examples to consider: 1) waiting until a lease expires before trying to locate alternate space; 2) relying on a small number of donors for support without having developed a diversified plan to sustain programming;
   3) failure to pay taxes; 4) running operating deficits over multiple years; 5) not anticipating construction contingency costs; 6) failure to pay for maintenance costs and/or replacement costs of existing equipment;
- Food requests.

To submit an application for an Urgent Need Grant, please provide a one-page Letter-of-Intent clearly marked "Urgent Need" to the Program Director. If the Program Director has questions or sees a need for further clarification of the grant request, you may be contacted for additional information. Please complete the Grant Application Cover and Agreement Page (pp 2-3 of this packet) and return with your one-page Urgent Need Letter-of-Intent. Submit only the original, no copies are necessary.



# **GRANT APPLICATION COVER**

Please complete the Grant Application Cover and Agreement Page. The Cover and the Agreement Pages are to be pages one (1) and two (2) of your proposal. Print or type only. Submit the original proposal to:

Wabash Valley Community Foundation, Inc. 200 South 8th Street
Terre Haute, IN 47807



#### AGREEMENT PAGE

Project Title

2 of your grant propo	osal.		
Name of Organizatio	n		
Telephone Number			

Please complete this form and have the appropriate individuals sign. The Agreement Page should be page

If the organization listed above is awarded this grant, in full or in part, the undersigned, as authorized representatives of our organization, agree to:

- report foundation grants to the organization's Board of Directors;
- include the report in the Board's minutes;
- include an article in the organization's newsletter, write a letter to the editor of the newspaper or in some way publicly recognize the grant;
- forward to the Community Foundation, copies of all of the above as related to this grant.

Further as an authorized representative is this organization, we agree to:

- see that the funds are used solely for the stated purpose;
- have the organization repay any portion of the amount which is not used for the purpose of the grant;
- return any unexpended funds if our organization/institution loses the Determination of its 501(c)(3) status as granted by the Internal Revenue Service; and
- submit a final report thirty (30) days after the completion of this project. We understand that our organization's failure to submit its final report will preclude it from applying for future grants from the Community Foundation.

Chief Executive Officer/Executive Director	Chief Volunteer Officer
Signature	Signature
Name typed	Name typed
Date	Date
Telephone	Telephone
Email address	Email address