

APPLICATION AT A GLANCE

Organization Name:

Application Name:

Sample Application

Requested Grant Type:

ORGANIZATION INFORMATION

Organization Name:

Organization EIN:

Date of Incorporation:

Organization Mission Statement:

Organization Annual Budget:

Key Programs/Services:

Fiscal Sponsor Name (if applicable):

Organization Address:

Columbia County Children's Fund FY25

Application #: 156481

Mailing County:

Website URL:

Organization Phone Number:

CEO OR HEAD OF ORGANIZATION INFORMATION

First Name:

Last Name:

Title:

Email:

ORGANIZATION DEMOGRAPHICS

Populations Served by Organization:

Populations Served By Organization	

Is there any additional information you'd like to share about the population(s) you serve? If you selected "other" in the previous question, please use this space to elaborate.

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Innovia Foundation is working to increase its awareness of opportunities to advance equity across all communities. The following two questions in this section are optional and are not a requirement for funding.

Senior staff of the organization publicly identifies as the following races/ethnicities:

Staff Race/Ethnicity	

Board members for this organization publicly identify as the following race/ethnicities:

Board Race/Ethnicity	

PROGRAM/PROJECT REQUEST

Application Name:

Sample Application

Requested Grant Type:

Total Program/Project Cost:

Brief summary of request:

Project Description - Describe in detail the project for which you are seeking funds.

Community Need Statement: What need in the community are you fulfilling with this request?

Demand Statement: What can you tell us that would indicate there is demand for this proposed project in the community?

Provide a timeline and explain the specific activities that will take place during the grant period (a one year period beginning at the first day of the award month and ending at one year after award date). Be aware that any awarded grant funds are to be spent within this grant period.

FUNDING IMPACT

Output # 1

Output # 2

Output # 3

Describe how you will measure and evaluate the success of your project. Explain how you will know that you are succeeding. What will you measure, and how will you measure it?

If this is an ongoing project, describe how your organization will cover the expenses of this program after the grant period has ended

Describe the efforts you have undertaken/will undertake to raise any additional funds or in-kind support required to implement the program/project. Include plans, such as changes in scope or delays in program/project implementation, if you are unable to obtain all required funding.

ADDITIONAL INFORMATION

Do we have your permission to share this request with other funders who may be interested in supporting your work?

CERTIFICATION

I certify that I am authorized by the Executive Director/CEO and/or the Board of Directors to submit this proposal on behalf of the organization.

I certify this organization does not unlawfully discriminate with regard to employees, volunteers, delivery of programs or services, or clients served based on age, sex, religion/creed, race, color, national or ethnic origin, sexual orientation, gender identity or expression, disability, marital status, military or veteran status, pregnancy or genetic information.

I certify this organization does not support or engage in activities that incite or engage in violence, intimidation, harassment, threats or defamation targeting an individual or group based on their actual or perceived race, color, religion, national origin, ethnicity, immigration status, gender, gender identity, sexual orientation or disability.

Please Note: By entering data into the next three (3) fields calling for insertion of your Name, Title, and Date, you are: (1) representing that you are an officer or other agent duly authorized to enter into legally binding agreements (2) agreeing to submit this grant application in an electronic form which shall be bound by its contents as an electronic transaction (3) agreeing that your insertion of data into these following fields constitutes an electronic signature.

Name:

Columbia County Children's Fund FY25

Application #: 156481

Title

Date: