

**APPLICATION AT A GLANCE**

**Organization Name:**

**Application Name:**

**Request Amount:**

**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):**

**Columbia County Children's Fund FY26**

Application #: 177129

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**Organization Address:**

**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.**

**PROGRAM/PROJECT REQUEST**

**Columbia County Children's Fund Grant Timeline:  
October 1, 2026 to September 30, 2027**

**Request Amount:**

**Requested Grant Type:**

**Total Program/Project Cost:**

**Brief summary of request:**

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

**Describe the need or opportunity in the community and how your proposed project/program is well suited to meet that need for the people you serve.**

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

**Provide a detailed timeline and explain the specific activities that will take place during the grant period for the proposed program/project. 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.**

**Previous Columbia Country Childrens Fund (CCCF) : If you received a grant from CCCF last year, please briefly tell us how these dollars have served your organization and your community.**

**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:**

**Title**

**Date:**

\*In addition to the narrative questions, applicants will also be required to upload the following:

- Program/Project Budget (template provided)
- Organization Operating Budget (current fiscal year)
- Organization Revenue & Expense Statement (previous fiscal year)
- List of Board Members and Key Staff Members