



If you meet the Ion Bank Foundation Grant Guidelines, proceed with your grant application.

GRANT APPLICATION

Legal Name of Organization	Date of Incorporation
Address of Organization	Telephone / Fax Numbers
Federal Tax ID Number	Agency Website
Chief Executive Officer (CEO) / Executive Director Name	Title
Contact for application (if different from CEO/Executive Director)	Contact Title
Contact E-mail address	Contact Telephone / Fax Numbers
# of Staff (full time/part time) _____ FT _____ PT	Frequency of Board Meetings:
# of Board Members	Average % Attendance:
Organization Budget for Current Fiscal Year: \$	Organization Budget for Last Fiscal Year: \$
Project Name or Use of Funds:	Funding Period From: _____ To: _____
# of People to be Served by Project:	Population to be Served:
Total Project Cost: \$	Amount requested from Ion Bank Foundation: \$

Organizational Revenue Sources (check the top three):

- | | | |
|--|---|--|
| <input type="checkbox"/> Public | <input type="checkbox"/> Individual Gifts | <input type="checkbox"/> Grants (Foundation) |
| <input type="checkbox"/> United Way | <input type="checkbox"/> Membership | <input type="checkbox"/> Fees |
| <input type="checkbox"/> Investment Income | <input type="checkbox"/> Special Events | |

By typing name(s) below (“electronic signature”) you certify that all information entered is true and correct, to the best of your personal knowledge. Knowingly entering false information will result in a disqualification of this application. Your electronic signature below shall be construed as an original signature for purposes of transmitting the grant application electronically.

Board Chair

Date

CEO/Executive Director (or equivalent)

Date



- 1) **SUMMARY:** In one paragraph, describe the purpose of this request. What is the target population, location, and timeframe? Is it a new, existing, or improved/expanded program? What are the specific, quantifiable results that you plan to achieve?
- 2) **ORGANIZATION:** In one paragraph, describe your organization, identifying its mission, programs/services, geographic focus and client base.
- 3) **STATEMENT OF NEED:** What specific community need(s) will your proposed program address? Include data substantiating the existence/scope of this need, citing specific source materials. How does this project relate to your agency's strategic plan and/or program priorities?

4) **WORKPLAN:**

a) **Workplan Narrative**

Describe your plans for implementing the program. For instance: **WHO** will be carrying out the activities? Provide information on their skills & experience. **WHEN** will they occur? **WHERE** will programs take place? **HOW** will clients/participants be notified, if recruitment is necessary? **HOW MANY** area residents will benefit (providing information about their age, race, special needs, towns of residence, etc)?

b) **Workplan Timeline**

Complete the following table:

Activities	Timeline	Results

- **Activities** - List the principal steps that you will take to complete the program (i.e. hire staff, conduct publicity campaign, recruit participants, hold workshops, etc.)
- **Timeline** - Assign benchmark dates (months) when principal activities will be completed.
- **Results** - List the projected results of your program. These can include changes in skill levels, knowledge, attitude, behavior, life condition, status, or numbers served that result from your program. They should be: **quantifiable and your method for collecting the information noted** (e.g., surveys, testing, etc.)

- 5) **SUSTAINABILITY:** What steps has your agency taken, if applicable, to plan for the continuation of this program after the initial grant period?

If applying for a Capital Campaign, please answer the following additional questions (if not, delete this section):

1. You **MUST** include a copy of your campaign feasibility study.
2. What impact do you think a capital campaign will have on annual giving?
3. How have you developed your project so that your board will participate fully in the campaign?
4. Summarize your organizations past experience with both capital and annual campaigns.
5. Provide the status of your capital campaign, listing amounts of requested versus secured contributions.
6. If your campaign involves a consultant, provide qualifications, work plan and cost estimate. Why this firm/person?

PROPOSED PROJECT BUDGET AND NARRATIVE

ELIGIBLE EXPENSES: The Foundation will *primarily* fund direct costs incurred in starting or improving a program. However, indirect/overhead expenses are permitted as a line item – overhead above 10% of request must be documented in the Budget Narrative.

Organization Name: _____

Project Name: _____

I. PROPOSED PROJECT BUDGET

Program Year: (Month/Year - Month/Year): _____

LINE ITEM EXPENSE DESCRIPTION (PLEASE ADD ADDITIONAL LINES IF NEEDED)	SUPPORT FROM YOUR AGENCY*	SUPPORT FROM OTHER FUNDERS**	ION BANK FOUNDATION	PROJECT TOTAL
PERSONNEL (LAST NAME, POSITION, % TIME ON PROJECT):				
1)	\$	\$	\$	\$
2)	\$	\$	\$	\$
3)	\$	\$	\$	\$
TOTAL FRINGE BENEFITS (@ ___%)	\$	\$	\$	\$
SUB-TOTAL PERSONNEL	\$	\$	\$	\$
OTHER PROGRAM EXPENSES				
1)	\$	\$	\$	\$
2)	\$	\$	\$	\$
3)	\$	\$	\$	\$
4)	\$	\$	\$	\$
5)	\$	\$	\$	\$
Sub-Total Other Expenses	\$	\$	\$	\$
INDIRECT/OVERHEAD (BELOW 10%)				
TOTAL EXPENSES	\$	\$	\$	\$

** SUPPORT FROM OTHER FUNDERS (SHOULD REFLECT TOTAL OF OTHER FUNDERS COLUMN ABOVE)		
FUNDER NAME	REQUEST AMOUNT	STATUS (COMMITTED / PENDING / PROJECTED) PLEASE NOTE DECISION DATE, IF KNOWN
1)	\$	
2)	\$	
3)	\$	
TOTAL REVENUES (FROM OTHER FUNDERS)		\$

* Revenues generated by program and organization in-kind contributions (please asterisk in-kind contributions)
 ** Total revenues requested from other sources (break out other funders in table above)

II. Budget Narrative

Please use an additional page for budget narrative, account for each line item request in detail (e.g., Printing: 10,000 copies @ \$.03/copy, Total = \$300). If you are requesting support for significant **equipment/capital expenditure**, include three quotes.

III. Checklist for Submitting a Grant Application

Submit application electronically* to grants@ionbank.com including:

- Grant proposal summary sheet
- Proposal narrative
- Project budget / Budget explanation
- Community Reinvestment Act (CRA) Form
- Board of Directors List (including contact information for the Board Chair)
- A copy of the organization's nonprofit determination letter from the IRS
- A copy of your Nonprofit Registration to Solicit Funds (or exemption, if appropriate) from the Connecticut Department of Consumer Protection.
- For programs in schools, the application must include a letter of support from the school's principal
- If applying for a capital campaign, a copy of your campaign feasibility study

***A grant proposal will not be reviewed if not submitted electronically.**



Community Reinvestment Act (CRA) Form

One of the priorities of the Ion Bank Foundation is to provide opportunities for individuals and families who are of low or moderate income. The Ion Bank Foundation requires you to document the use of requested funds. **The following information must be provided with your grant application.**

Name of project: _____

Project duration: (month year/start/finish): _____

Number of persons assisted who are below the federal poverty level: _____

Number of persons who are below the 185% federal poverty level: _____

Federal poverty level indices:

Size of family unit	One	Two	Three	Four	Five
Federal poverty level	\$12,060.	\$16,240.	\$20,420.	\$24,600.	\$28,780.
185% federal poverty level	\$22,311.	\$30,044.	\$37,777.	\$45,510.	\$53,243.

If you utilize **other indicators of need**, please describe the indicator and the process you utilize for determining need: _____

Ethnicity of clients: (Number)

Asian _____ American Indian or Alaska Native _____ Black or African American _____

Hispanic or Latino _____ Native Hawaiian or Other Pacific Islander _____ White _____

Two or More Races _____

The information provided above is accurate to the best of my knowledge.

Name: _____ Title: _____

Organization: _____

Address: _____

City / State / Zip Code: _____

Submitted by: _____ Date: _____
Name and Title

Email complete grant application to grants@ionbank.com