

Abuse and Neglect

Kosciusko County Community Foundation

Application Instructions

The Kosciusko County Community Foundation accepts grant applications from charitable organizations serving Kosciusko County residents. If you have any questions about the application process, please call the Community Foundation at 574-267-1901.

Please reach out to Alex Hall, vice president of programs, at alex@kcfoundation.org prior to submitting your application to set up a time to discuss your proposal.

Completed applications and required attachments must be submitted by **4:30 p.m. on March 1, 2025**, in order to be considered for funding.

Pre-Grant Inquiry*

On what date did you communicate with our staff regarding your grant request?

Character Limit: 10

Before you begin, please take a moment to verify the contact information on your user profile. If you need to make changes, you will be given the opportunity to do so in the Contact Information sections below.

Applicant Contact Information*

Is your contact information at the top of this page correct?

Choices

Yes

No

Organization Contact Information*

Is your organization's contact information at the top of this page correct?

Choices

Yes

No

Grant Correspondence Mailing Address*

Is the organization's address shown above the preferred mailing address for grant correspondence?

Choices

Yes

No

Applicant Contact Information

Please complete the fields that need to be updated. Community Foundation staff will update your profile after the grant application deadline.

Applicant Prefix

(Mr., Mrs., Ms., etc.)

Character Limit: 15

Applicant First Name

Character Limit: 25

Applicant Last Name

Character Limit: 25

Applicant Business Title

Character Limit: 50

Applicant E-mail

Character Limit: 254

Applicant Phone Number

Please format at 574-267-1901 x100.

Character Limit: 20

Applicant Phone Type

Choices

- Office
- Cell
- Home

Organization Contact Information

Please complete the fields that need to be updated. Community Foundation staff will update the organization's profile after the grant application deadline.

Organization Name

Character Limit: 150

Organization Phone Number

Please format as 574-267-1901.

Character Limit: 12

Organization Mailing Address

Character Limit: 100

City

Character Limit: 75

State

Character Limit: 75

Zip Code

Character Limit: 5

Please provide the contact information for your organization's director:

Director Prefix

(Mr., Mrs., Ms., etc.)

Character Limit: 15

Director First Name

Character Limit: 50

Director Last Name

Character Limit: 50

Director Business Title

Character Limit: 75

Director E-mail

Character Limit: 254

Director Phone Number

If different from the organization's phone number provided above.

Character Limit: 20

Director Phone Type

Choices

Office

Cell

Home

Grant Correspondence

Grant correspondence should be mailed to the address below:

Preferred Mailing Address for Grant

Character Limit: 100

City

Character Limit: 75

State

Character Limit: 75

Zip Code

Character Limit: 5

Application Cover Sheet

Project Name*

Please create a short title for your grant request. This name may be altered by KCCF staff during the review process.

Character Limit: 100

Amount Requested*

This amount should match the first line of your Sources of Financial Support budget table below.

Character Limit: 20

Organization Type

Organization Type*

Please select your organization type.

Choices

501(c)(3) Charitable Organization

Church

Governmental Organization

Private School

Public School

Organization Information

In this section, you will be asked to provide **general** information about your organization.

History*

Please provide a brief history of your organization including when it was established.

Character Limit: 2000

Mission & Services*

Please describe your organization's principal services, purpose and mission statement.

Character Limit: 2000

Population Served by Organization*

What population(s) does your organization typically serve?

Character Limit: 500

Affiliations*

Please list any corporate ownership, formal affiliations or fiscal sponsors.

Character Limit: 2000

Grant Proposal

Project Summary:

Description*

Please provide a **brief** summary of the project/program.

Character Limit: 200

Grant Priorities*

Does this project meet a high priority as outlined in the Request for Proposals (RFP) and guidelines? (check all that apply) Please note that the complete verbiage for each priority area is in the RFP.

Choices

Formation of a local coalition.

Programs that increase access to transportation.

Programs that increase access to housing or rental assistance.

Programs that increase access to mental health services.

Creation or expansion of community-based advocate position(s) and resources.

Strategies that encourage/incentivize at-risk individuals/families to seek assistance.

Describe your project in more detail:

What is the need?*

Please explain or describe the need for this project, including, but not limited to:

1. Explain the current state/problem that this project aims to address (i.e., gaps in services, lack of services or coordination, etc.).
2. What sources can you cite to verify this need using statistics, regulations, surveys, etc.?

Character Limit: 3000

Population Served*

Briefly describe the population or specific group(s) of individuals that this project will serve. Why is this group especially vulnerable to abuse and neglect?

Character Limit: 1000

How will you meet the need?*

Describe how your project/program addresses the identified need. *This is an opportunity for you to explain in detail how your project will work.*

Character Limit: 3000

Who will implement the project?*

Explain the organization's ability to carry out this project. Who specifically will implement the project and what are their qualifications? Use this section to describe the role(s) your organization will take on to ensure successful completion of this project.

Character Limit: 2000

Collaborations & Partnerships*

Describe any other organizations or individuals that you will collaborate or partner with to complete this project/program. Explain what role they will have (funder, collaborator, service provider, etc.). A formal Memorandum of Understanding signed by all collaborators will be required later in this application.

Character Limit: 2000

Past and Current Efforts*

Describe **past and current** efforts within the community to address the identified needs (as mentioned in the section "What is the need?" above), **including efforts by other organizations**. How does your project differ from these past or current efforts?

Character Limit: 3000

Project Timeline

Please tell us the start and end date of your project. It is important to note that grant awards will be announced in mid-May 2025. Any expenses incurred prior to grant approval will not receive funding.

Start Date*

Character Limit: 10

End Date*

Character Limit: 10

Timeline Comments

If you need to provide additional information regarding your project timeline, please use this space.

Character Limit: 500

Explain the expected benefits of this project:

Impact Assessment*

How will you measure and assess the **impact and success** of your project? Some examples may include follow-up assessments or benchmarks by which you can chart your progress. Specifically mention what metrics or measures you will utilize to assess impact and success.

Character Limit: 3000

Feedback/Evaluation*

How do you receive feedback from those that you serve or that would be benefitted by a grant award?

Character Limit: 1000

Benefit to Organization*

How will your organization benefit?

Character Limit: 2000

Demographics of those being served:

Total Served*

Approximately how many people will be served, benefited or impacted by this project?

Character Limit: 6

Kosciusko County Residents Served*

Of those being served, how many are Kosciusko County residents?

Character Limit: 5

Population Served by Project*

Please select the primary population that your program/project will serve.

Choices

- General Public
- Infant/Babies
- Children/Youth
- Adults
- Elderly
- Disabled
- Minorities
- Females
- Males
- Low Income
- Other

Other Population

If you selected "other" from the drop down list, please specify.

Character Limit: 100

Age Range*

What is the approximate age range of those being served?

Character Limit: 7

Region*

Please select the primary region being served by this project.

Choices

- Multi County
- County Wide
- Akron
- Atwood
- Burket
- Claypool
- Etna Green
- Leesburg
- Mentone
- Milford
- North Webster
- Pierceton
- Silver Lake
- Syracuse
- Tippecanoe Valley
- Warsaw
- Wawasee
- Winona Lake
- Other

Other Region

If you selected "other" from the drop down list, please specify.

Character Limit: 100

Grant Communication:

Public Relations*

What methods will be used to communicate to your donors, members, supporters, etc. any grant support you receive from this grant initiative?

Character Limit: 500

Report Requirements*

Reporting will be required throughout the grant period, including narrative reports and documentation of how funds were spent. Will you fulfill these reporting requirements?

Choices

Yes

No

Budget Information

Project Budget Summary

Itemized Expenses

Please use this table to list **all** expenses related to this proposal, even if you do not plan to use grant dollars to cover the expense(s).

Remember: Any expenses incurred prior to the grant approval date are not eligible for reimbursement.

	Expense Description (Combine like items on one row if more room is needed.)	Year 1 Amount	Year 2 Amount	Will you use this grant to fund this item?
1				
2				
3				

4				
5				
6				
7				
8				
9				
10				
Total				

Total Expenses*

This amount should equal the sum of the Itemized Expenses for both Year 1 and Year 2 reported above.

*It should **also equal** the Total Financial Support reported below.*

Character Limit: 20

Sources of Financial Support

Please use this table to list the entities and organizations providing financial support related to this proposal.

Type of Funding	Description of Source of Funding	Year 1 Amount	Year 2 Amount	Is this funding Pending or Secured?

AMOUNT REQUESTED FROM KCCF				
Your Organization's Contribution				
Federal/City/State Governments				
Public Contributions/Donations (Specify)				
Other Foundations				
Loans				
Other (1)				
Other (2)				
Other (3)				
Total				

Total Financial Support*

*This amount should equal the sum of the Sources of Financial Support for both Year 1 and Year 2 **including the amount requested from this grant initiative.***

This amount should also equal the Total Expenses reported above.

Character Limit: 20

Budget Narrative*

Are line-item budget calculations realistic, specific, justified and based on solid estimates? Please provide short descriptions (1-2 sentences) for each expense category, including how line items were calculated, if applicable.

Character Limit: 3000

Sustainability of Project*

If applicable, how will your organization and/or your collaborators **financially and operationally** sustain the project year after year after funding has ended?

Character Limit: 2000

Partial Funding or Denial*

If this project receives partial funding or is denied, how will you proceed?

Character Limit: 1000

Certification

Certification

The information contained in this application is for the purpose of obtaining funding from the Kosciusko County Community Foundation Community Funds on behalf of the undersigned. The undersigned understands that the information provided is true and complete and that the Kosciusko County Community Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Kosciusko County Community Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Electronic Signature*

Enter your name to confirm your electronic signature.

Character Limit: 250

Permission to Share Request*

Do we have permission to share this request with other funders including donors who advise funds held by the Community Foundation?

Choices

Yes

No

Publicity Agreement*

For publicity purposes, my organization's identity may be revealed.

Choices

Yes

No

Authorization Signature

Two authorization signatures are required to submit this application. The signature indicates that the person has reviewed the grant request and agrees to its submission.

To complete this section, download the **Grant Authorization Signature Form** and complete the top section of the form using responses from this application, collect the appropriate signatures, and upload the completed form below.

Please note that the person providing their authorization will depend on the type of organization, as indicated on the form.

Grant Authorization Signature Form (Fillable PDF)

Authorization Signature Form Upload*

Please upload your completed Authorization Signature Form.

File Size Limit: 2 MB

501(c)(3) Attachments

Charitable organizations must upload the following documents:

(accepted formats include: PDF and Word)

- IRS Determination Letter
- Board of Directors list with names and town/city of residence that denotes who holds officer positions
- Staff list with names and town/city of residence
- Financial Documents

Private School Attachments

Private schools must upload the following documents:

(accepted formats include: PDF and Word)

- IRS Determination Letter
- Board of Directors list with names and town/city of residence
- Staff list with names and town/city of residence
- Financial Documents

School Name*

Please select your school from the drop down list below.

If your project will impact students at multiple schools within the same school corporation, please select the school corporation.

Choices

Greater Warsaw Cooperative Preschool

Lakeland Christian Academy Association

Lakeland Christian Academy Association - Primary School

Lakeland Christian Academy Association - Secondary School

Sacred Heart Catholic School

Other

Other School Name

If you selected "other" from the drop down list, please enter your school name below.

Character Limit: 50

Government & Church Attachments

Churches and Governmental Organizations must upload the following documents:

(accepted formats include: PDF and Word)

- Board of Directors list with names and town/city of residence
- Staff list with names and town/city of residence
- Financial Documents

Public School Attachments

Schools must upload the following documents:

(accepted formats include: PDF and Word)

- School Board list with names and town/city of residence
- Staff list with names and town/city of residence

School Name*

Please select your school from the drop down list below.

If your project will impact students at multiple schools within the same school corporation, please select the school corporation.

Choices

Akron Elementary School
 Claypool Elementary School
 Edgewood Middle School
 Eisenhower Elementary School
 Gateway Education Center
 Harrison Elementary School
 Jefferson Elementary School
 Lakeland Early Learning Academy
 Lakeview Middle School
 Leesburg Elementary School
 Lincoln Elementary School
 Little Cats Early Learning Center
 Madison Elementary School
 Mentone Elementary School
 Mentone Kindergarten Readiness Center
 Milford Elementary School
 North Webster Elementary
 Pierceton Elementary
 Syracuse Elementary
 Tippecanoe Valley High School
 Tippecanoe Valley Middle School
 Tippecanoe Valley School Corporation
 Warsaw Area Career Center
 Warsaw Community High School
 Warsaw Community Schools
 Warsaw Early Learning Academy
 Washington STEM Academy
 Wawasee Community School Corporation
 Wawasee Early Learning Center
 Wawasee High School
 Wawasee Middle School
 Whitko Career Academy
 Whitko High School

Other

Other School Name

If you selected "other" from the drop down list, please enter your school name below.

Character Limit: 50

IRS Determination Letter

In order to receive funding through this grant program, any 501(c)(3) entity must be in good standing with the IRS. Any 501(c)(3) entity headquartered in Indiana must also be registered with the Indiana Secretary of State. Community Foundation staff will verify both after you have submitted your application.

IRS Determination Letter*

File Size Limit: 2 MB

Board List

Board List

This may be your Board of Directors, School Board, City/Town Council, etc. Government agencies should upload the list of the board/commission that oversees their department/agency. Please show which individuals are officers and what their positions are (President, Vice President, Treasurer, Secretary, etc.).

File Size Limit: 2 MB

Staff List

Staff Member List*

If your organization has a large number of employees, please only include those who will be working on this particular project. If your organization does not have any paid staff, please upload your board list again.

File Size Limit: 2 MB

Financial Documents

Internal Financial Statements*

Please upload a copy of your organization's most recent Statement of Activities and Statement of Financial Position.

File Size Limit: 6 MB

Form 990

Organizations that file a 990 are required to upload their organization's most recent 990. If your organization does not file a 990 or 990-EZ, please skip this question.

File Size Limit: 6 MB

Not sure which internal financial statements to include? Examples of a Statement of Activities and a Statement of Financial Position can be found on our website at www.kcfoundation.org/abuseandneglect.

Required Documentation - Forming a Coalition

You have selected that this project aims to meet the priority of forming a local coalition. Please upload the following requirements as one document.

1. List of organizations that will lead the implementation of the coalition, including **(a)** which organization(s) will host and facilitate meetings and **(b)** which staff person/position will be assigned to lead the operations of the coalition.
2. A list of proposed organizations, agencies, individuals, etc. that will be invited to join the coalition.
3. The proposed mission and vision of the coalition.
4. A sample/proposed agenda of meetings, including proposed frequency of meetings.

Forming a Coalition - Required Documentation*

File Size Limit: 5 MB

MOU and Additional Supporting Documentation

Memorandum of Understanding*

Please upload a Memorandum of Understanding (MOU) signed by all collaborators that outlines the roles and responsibilities, including including financial commitments, of each party. Please be as specific as possible.

File Size Limit: 5 MB

Additional Supporting Documentation

Please upload supporting documentation that you have. Examples of such documents might be quotations, photos, letters of support, executive summaries, etc. related specifically to this project.

File Size Limit: 5 MB

