Miami County Foundation and the grants awarded will effectively assist, encourage and promote the health, education, and welfare of the citizens of Miami County, Ohio.

**GUIDELINES & REQUIREMENTS**

* Application packets must be **postmarked on or before February 28 (Spring) or September 10 (Fall).**  No applications will be accepted via fax or e-mail. Typed application is preferred. If delivering to the office dropbox, do so by 4 PM on the due date.
* Qualified applicants must provide services directly to the citizens of Miami County.
* Non-profit organizations must be certified as tax-exempt by the Internal Revenue Service as a 501(c) or equivalent organization, preferably 501(c)(3).
* If a non-Miami County organization, the application packet must include a signed letter of support verifying the partnership/support within the county and the potential number of residents served.
* Additional sources of funding for the project are encouraged to be demonstrated on the application.
* Recipients must submit a **final report** prior to receiving additional funding. (See next page.)
* Grants will not be considered for the following:
  + - *Program/project/purchase that will have been completed the two months following the grant application deadline (before award decisions are announced).*
    - *Incomplete or late application.*
    - *Purchase that has previously been made.*
    - *Organizations that serve only one religious group.*
    - *General operating funds.*
    - *More than one grant per 12-month period (except for schools).*
    - *Political orgs or those which the primary purpose is to influence legislation, political viewpoint, promotion of a particular candidate.*
* Selection of grant recipients will be completed approximately two months following the grant deadline.
* First consideration given to organizations that did not receive grant funding the previous year.
* First consideration for school applicants that are not requesting continued funding for the same project.
* Upon funding approval, an e-mail notification will be shared including a date for check presentation.
* Applicants not approved for funding may reapply for the same project at any time.
* If the approved grant is one of several funding sources necessary to complete a project, payment may be delayed until assurance has been received that necessary funding has been secured.
* Grants apps are reviewed, and approval is issued by Miami County Foundation’s board of directors.

Find the appropriate application requirements for your request using the chart on the following page.   
Please contact the executive director with any questions:   
  
**(937) 773-9012 or executivedirector@miamicountyfoundation.org**.

**GRANT APPLICATION INSTRUCTIONS & SELF-CHECKLIST**

**Final Report**: Did you receive a grant last year from MCF? Be sure to complete your Final Report. See miamicountyfoundation.org/grants to submit your Final Report. Failure to submit a Final Report might invalidate future funding opportunities.

Grants awarded the previous spring must submit a Final Report by the following February 28.

Grants awarded in the previous fall must submit a Final Report by the following September 10.

|  |  |  |  |
| --- | --- | --- | --- |
| **NON-PROFIT ORGANIZATION** | | **SCHOOLS** | **MUNICIPALITIES\*** |
| * **FIVE (5) SETS**: * Grant application form * Required signatures * Basic budget for proposed project or purchase * Most-recent financial statement * Annual report or equivalent * List of governing board * (If providing services to a school: Letter of support from school's principal or superintendent.)   **ONE COPY**:   * Letter of determination from Internal Revenue Service certifying 501(c)(3) status. | * **FIVE (5) SETS**: * Grant application form * Required signatures, including superintendent * Basic budget for proposed project | | * **FIVE (5) SETS**: * Grant application form * Required signatures * Basic budget for proposed project   *\*Includes government agencies* |

Application packets must be delivered to the foundation office dropbox **by 4 PM** on the due date   
or postmarked by the due date:

**Spring Grant Applications due February 28**

|  |  |
| --- | --- |
| **MAIL\*** | **IN-PERSON / DROPBOX** |
| **Miami County Foundation**  **P.O. Box 1526**  **Piqua, OH 45356** | **WE HAVE MOVED**  INTO THE PIQUA CHAMBER BUILDING!  **c/o MCF**  **326 N. Main St. Piqua, OH 45356** |

**Fall Grant Applications due September 10**  
  
*If a due date falls on a weekend or holiday, applications will be due by 4 PM the next business day.*

\*It’s recommended to use the UNITED STATES POST OFFICE

since other delivery services don’t deliver to the post office box.

**Organization Information**

**Applicant Type: ❑ Non-Profit Org ❑ Municipality/City** **❑ School\***

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**Organization Name \*School***: Please list District & Building name, followed by Dept/Class/Club descriptor.*

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**Street Address City ST ZIP**

Internal Revenue Service status is 501(c)3 or equivalent? ❑ No ❑ Yes: **Federal ID #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Org’s First Grant Request to MCF?** ❑ Yes ❑ No:  **Date** or **Grant Cycle of most recent MCF grant award**

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**Org’s Primary Contact Name Phone** ❑ Cell ❑ Work  **e-mail Position** *ex: executive director/school principal/board president/business manager*

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**Applicant’s Name** ❑ same as primary **Phone** ❑ Cell ❑ Work **e-mail Position**

*ex: development personnel, teacher, volunteer, board member, assistant director*

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**Organization’s Mission and History** (Please include major activities and approximate date of establishment. Include a separate page if needed.)

**Project Information**

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**Amount Requesting from MCF** *(round to nearest dollar)* **Project Total Budget**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Sources of Project Support/Status/$Amounts** (Please indicate if other sources’ support amounts are PENDING or REC’D AND the appx. AMOUNT.) Example: *Individual Donors-Pending-$3,000; XYZ Foundation-Rec’d-$1,500*

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**Area(s) / Demographic(s) of Miami County Served by Project # of Miami County Residents Impacted by Project**

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**Purpose of Grant** (**MUST include a summary description here** of what MCF’s grant funding will be used for if received / short project description**.**

**Also include a separate narrative page**.)

**Required Signatures**

**By signing, I certify that to the best of my knowledge the information in this application is accurate and complete and that required documents are included.**

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Applicant Name Signature Date

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Org’s Primary Contact Name *(President/Director/Principal)* Signature Date

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School Superintendent Name *(if applicable)*  Signature Date