

# Starke United Fund

with the Northern Indiana Community Foundation  
P. O. Box 807 - 715 Main Street - Rochester, Indiana 46975  
Phone: 877-432-6423 | e-mail: corinne@nicf.org  
<http://nicf.org/starke/starkeunited.html>



**Deadline is Friday May 4, 2018:**

## **STARKE UNITED FUND-REQUEST FOR FUNDS**

**Please complete and return the following information to the Starke United office. Submit one original.**

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

- We are a 501 (c) (3) agency & a copy of our IRS verification letter is attached. \*Provide annually  
 We are a non-profit agency without a 501 (c) (3) status and a Verification of Use form is attached. (see page 3)

Amount of undesignated funds requested (**maximum request per agency is \$ 3,500**) :\$ \_\_\_\_\_

Program for which funds are being requested: \_\_\_\_\_

- This is a new project.  This is a continuing project.

Have you received undesignated funds from SU in prior years? List years: \_\_\_\_\_

Is this project totally dependent on the granting of Starke United funds?  Yes or  No, if no please explain:

In which of the following areas of concern will your project serve Starke County?  
(Your project may fit into more than one area.)

**Literacy:**  Preschool  School-age  Adult

**Community Improvement:**  Youth recreation  Community Recreation  Cultural Activity

**Family Issues:**  Teenage Pregnancy  Child Abuse  Domestic Abuse  Lack of Parenting Skills

Day Care  Elderly  Services of Disabled

**Substance Abuse:**  Drug Abuse  Alcohol Abuse

**Emergency Services:**  Food Pantry  Utility Bills Assistance  Fire Relief Assistance  Housing  Other

if other please list \_\_\_\_\_

1. Description of Project: Describe your project explaining how it fits into the area of concern.

2. Explain how this project will specifically benefit Starke County residents including the number of individuals you anticipate serving with this project:

3. Please include a budget for this project on a separate page.  
Please include a budget for your agency on a separate page.

4. Expected outcomes:

**Complete This Page Only If You Have Received a Starke United Fund grant in 2016**

Program/Project funded: \_\_\_\_\_

Dollar amount received: \_\_\_\_\_

Do you feel that you had success with the program funded by a Starke United Fund grant last year?

How do you measure that success?

What would you do differently with this program if it did not meet your expectations?

Will you continue with this program, and will you continue if you do not receive further funding from the Starke United Fund?



715 Main Street, P. O. Box 807  
Rochester, Indiana 46975  
Phone: (574) 223-2227 ♦ Toll Free: (877) 432-6423  
Fax: (574) 224-3709 ♦ www.nicf.org

## Verification of Charitable Use of Funds

We verify, that as a duly appointed representatives of an organization that is not a 501(c)(3) corporation, we will use any and all funds received through the Northern Indiana Community Foundation for charitable purposes.

If at any time, the Grant Committee or Board of the Northern Indiana Community Foundation, Inc. determines that the funds distributed to our organization were not used in a charitable manner, we agree to repay those funds to the Northern Indiana Community Foundation, Inc. for redistribution to an organization that will use them in a not-for-profit manner.

Funds will be used for activities as outlined in the attached application.

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Name of Organization

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Printed name of duly appointed representative and title held within the organization

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Signature

Date

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Printed name of duly appointed representative and title held within the organization

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Signature

Date