



The Hive

2020 Grant Application

A Granting Project Facilitated by

Starke County Community Foundation

Good things can happen for Starke County through The Hive!

Similar to the way honey bees work together to produce honey that helps to sustain the entire hive, members of The Hive, the ladies' giving circle for Starke County, work together by pooling their resources in order to enhance the quality of life in their community.

Members of The Hive annually grant to charitable projects for the benefit of Starke County. Members don't have to worry about attending regular meetings or extended responsibilities, other than to cast an annual vote for projects they want to see supported.

Entry Procedures

Please submit entries in accordance with the following guidelines:

- 1) Grant Proposals may be submitted by groups, organizations or projects which are charitable in nature. If your organization is a 501 (c) (3), attach a copy of your IRS Determination letter to the application. If you are not a 501 (c) (3), then complete the Verification of Charitable Use of Funds form attached to this document.
- 2) **If you received a grant through The Hive in the previous year, you are ineligible to apply this year.**
- 3) Complete the Grant cover form and all sections of the application. Once completed, this cover form and application should be the first and second pages of your application.
- 4) Write a one to two page summary. This is the most important part of your documentation, so be as complete as possible. You are to answer the question posed at the beginning of the summary section of the application. This must be in typewritten form within the space provided, or attached as a separate typed document.
- 5) Document your application with up to two supplemental materials. Suggestions for supporting documentation include:
 - Information that supports factors or statistics used in your summary
 - Press clippings, brochures or fact sheets
 - Photographs (digital or film)
 - Promotional material
- 6) Submit the award application, summary and supporting materials, by email (preferred method) or mail or FAX to NICF, ATTN: Corinne Becknell Lucas, P.O. Box 807, Rochester, IN 46975. All entries must be in the NICF office by April 3, 2020 to be considered for a grant.

After a review of the application and paperwork, grant applicants may be asked to give an interview to review the request with the Giving Circle Grant Committee. If this is required, you will be notified.

Confirmation of receipt will be sent to applicants. Those submitting an application and NOT receiving a confirmation within one week should contact the Community Foundation Office.

Northern Indiana Community Foundation, Inc.
PO Box 807, Rochester, IN 46975
Phone: (574) 223-2227 | (877) 432-6423
corinne@nicf.org - www.nicf.org
Corinne Becknell Lucas - Associate Director

THE HIVE GIVING CIRCLE

A GRANTING PROJECT FACILITATED BY
STARKE COUNTY COMMUNITY FOUNDATION
574.772.3665 | Toll Free 877.432.6423



The Hive
A GIVING CIRCLE

The Hive Giving Circle Grant 2020 | Cover Form

Name of Group or Organization: _____

Contact Name: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Print or type the name of the program, as it would appear on the award:

Dollar amount requested _____

All Entries Must Include:

- _____ Cover Form
- _____ Grant Application
- _____ Project Summary
- _____ Budget Summary
- _____ Supplemental Materials (if applicable)
- _____ Profit and Loss Report for the organization (if applicable)
- _____ Verification of Charitable Use of Funds (if applicable – page 6)

Important Dates:

Application Deadline: April 3, 2020

Award winners will be announced at The Hive annual event April 23rd, 2020.

Send Your Submissions To:

NICF
ATTN: Corinne Becknell Lucas, Associate Director
corinne@nicf.org (email submission preferred)
P.O. Box 807
Rochester, IN 46975
FAX 574.224.3709

Project Summary

What will your project accomplish in Starke County and what are your plans for using the Grant should you receive one?

BUDGET SUMMARY

Project/Activity Expenses

- How the project money will be spent.
- Please place an * next to the items for which you are requesting funding from the Community Foundation.
- Also list items from top to bottom in order of importance to the success of the project.

Item	Amount	% of Total Project
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL PROJECT/ACTIVITY EXPENSES:	_____	_____

Copies of best estimates/contractor proposals appreciated.

Source of Funds

Please list other organizations where you have applied for funding or will be supporting the project.

Name of Organization	Amount Pending	Amount Given
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All organizations that receive funds must report at project completion, giving a statement of impact and providing pictures when applicable.



227 E. 9th 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

Complete only if your organization does not have 501 (c)(3) designation.

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.

Name of Organization

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

Signature

Date

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

Signature

Date