



227 East 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

Starke County Emergency Relief Fund Grant

These grants are intended to support local charitable organizations or programs that help those impacted by the COVID-19 epidemic in Starke County Indiana.

Criteria for Grant Requests:

The Starke County Community Foundation will consider grant requests to:

- Assist nonprofits serving vulnerable populations with basic needs. (food, housing, living expenses, transportation costs, childcare costs, etc.) **High priority.**
- Fund programming to address pandemic related issues such as mental health, substance abuse, domestic abuse and other social service programs. **High priority.**
- Assist nonprofit organizations that are experiencing staffing and/or volunteer gaps due to quarantines and social distancing.
- Assist nonprofit organizations with operating shortfalls due to the pandemic.

Grants will be reviewed on an ongoing basis. 501(c)3 nonprofit organizations and public agencies are eligible to apply for additional funds as needs arise.

Please contact Corinne Becknell Lucas, Associate Director of the Northern Indiana Community foundation at 574-835-4101, 574-772-3665 or corinne@nicf.org if you have any questions. **Applications must be submitted via email to corinne@nicf.org.**

Grant Request

Name of Organization: _____

Name of Fiscal Agent, if applicable: _____

Name of Program/Service: _____

Address: _____

Contact Person: _____ Phone: _____ Email: _____

Amount Requested: _____



Narrative:

1. How has the pandemic affected your daily operations?
2. Briefly describe your request. Include how grant funds would be used.
3. How will those who need services benefit from this program? How many people do you anticipate will benefit from the program?
4. Itemized Budget: If available, attached a spreadsheet, detailed budget information, or a basic list of how the funds would be used.

Please include the following in your request:

- Narrative
- Itemized Budget or list of program needs.
- Timeline of expected use of grant dollars.
- List of Board and/or Advisory Committee Members including Executive Director or Other Authorized Representative.

Grant Application Certification: Grant Applicant hereby certifies that it does not discriminate on the basis of race, national origin, religion, gender, gender preference, age, or disability ("non-discrimination factors") in its policies, practices, services, or standards for participation in its programs, except to the extent any such program lawfully provides services to a limited segment of the population based on any such non-discrimination factor. It is expressly understood and agreed that the Northern Indiana Community Foundation is not a joint participant in, nor provider of, any of the Grant Applicant's programs or services. The Northern Indiana Community Foundation's role in Grant Applicant's programs and services is limited solely to making grants and assuring that grants are administered in accordance with the terms of the approved application. The Grant Applicant represents and warrants that it will use all granted funds in accordance with applicable laws. Grant Applicant agrees to indemnify and hold the Northern Indiana Community Foundation harmless from any liability imposed on the Northern Indiana Community Foundation based on any conduct or omission occurring in connection with a program or service of Grant Applicant for which the Northern Indiana Community Foundation has provided a grant.

We, the undersigned, hereby state that the information presented in this application is complete and factual. By signing our names below and submitting this application, we confirm our authority and have notified and secured approval from all parties. We hereby agree that funds, if granted, will be used only for the purpose described above unless written approval from the Starke county Community Foundation is received.

Expenditure of Grant Funds: If awarded a grant by the Starke County Community Foundation, your grant dollars must be spent in accordance with your original request as specified in this grant application. The grantee organization will be responsible for the expenditure of funds and for maintaining adequate supporting records consistent with generally accepted accounting principles.

Grant Period: Up to 12 months

Purpose and Use of Funds: Grant funds must be spent within 12 months of the grant date and for the purposes stated and specified in the application. Grant funds may not be used for any expenses incurred prior to the grant date. If something unexpected occurs or additional time to complete the funded activities is needed, you may request an extension or budget modification by contacting corinne@nicf.org.

Executive Director or Other Authorized Representative

Date

Board President or Other Authorized Representative

Date

Operating Budget Form

For the period: _____ to _____

You may use this form for your entire organization current fiscal year budget. If you already prepare an annual operating budget that contains this information, please feel free to submit it instead. Note that a separate project budget showing revenues and expenses is also required.

Revenue:

Source	Amount budgeted	Year-to-date received
Contributions:		
Foundations		
Corporations		
United Way/United Fund		
Religious institutions		
Government grants & contracts		
Program service revenues		
Membership		
Interest & dividends		
Fundraising events & products		
Other (specify)		
Total		

Expenses:

Item	Amount budgeted	Year-to-date expensed
Salaries & wages		
Benefits & payroll taxes		
Consultants & professional fees		
Supplies		
Telephone & fax		
Postage & shipping		
Occupancy		
Equipment rental & maintenance		
Printing & publications		
Travel & training		
Other (specify)		
Total		