

Starke United Fund

with the Northern Indiana Community Foundation
P. O. Box 807 – 227 E. 9th Street - Rochester, Indiana 46975
Phone: 877-432-6423 | e-mail: corinne@nicf.org
<http://nicf.org/starke/starkeunited.html>



Deadline is Monday May 3, 2021:

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 2020

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?



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

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