Innovation Grant Application GREENWOOD COUNTY COMMUNITY FOUNDATION

This is a Word Document; should you need additional space to complete a question, you may expand the appropriate text box to meet your needs. Please contact the Foundation at 864.223.1524 or staff@greenwoodcf.org with any questions.

The Innovation Grant supports creative ideas that foster strategic change within the Greenwood County community. This Grant generates collective excitement due to its originality and courageous approach to addressing root causes of systemic problems or deficiencies, or by contributing to a healthy, thriving community. Successful proposals will stretch the imagination and enrich lives. Collaboration and partnerships among organizations are expected and essential to assure lasting impact and success.

Innovation Grants are unique among those awarded by GCCF. These proposals may be considered for larger amounts than in other cycles and/or multi-year commitments. They are more competitive; only one or two may be funded in this annual grant cycle, and in some years there is not an Innovation Grant awarded.

Prospective applicants *must contact Foundation staff* for further details before making application, as well as *attend one (1) mandatory orientation meeting*. The meetings will be held on **Tuesday**, **March 1 at 8:30 am and 1:30 pm and on Wednesday**, **March 2 at 8:30** am in GCCF offices (located in The United Center, 929 Phoenix St., Greenwood). *Please contact GCCF in advance* to indicate date and time of attendance.

Criteria for the Innovation Grant

Does the proposed project:

- creatively address an identifiable community need or aspect of quality of life?
- meaningfully engage stakeholders and, whenever possible, include those directly affected by the problem?
- reflect effective collaboration with other community organizations?
- use existing resources and maximize current community assets?
- have potential to generate broad community support and to become self-sustaining over time?
- include evaluation mechanism/metrics?

Innovation applications received April 1 - April 30, 2016, reviewed during May, with notifications given and notifications given and funds granted made available by June 30

Contact Information

Organization's Legal Name
Executive Director's Name
Email Address
Office Phone
Program Coordinator's Name
Email Address
Office Phone
Organization's Street Address
City ST ZIP Code
(If different) Mailing Address
City ST ZIP Code
EIN (Fed Tax ID Number)

Summary: Amount of the Grant Requested, Purpose of the Grant Requested

Note requested amount; give a brief summary of the program to which the grant will be applied; is this a new or existing program?

The Program for which you are requesting funding:

Describe the problem or opportunity the Program addresses.

What steps has your organization taken to assess the population affected by the problem or opportunity? How many people in Greenwood County are affected by this problem/opportunity?

Summarize the program's overall plan of activity to address the problem or opportunity.

How does this program or project exemplify Innovation in Greenwood County? How does it relate to the definition and criteria for the Innovation grant?

What other organizations or programs in Greenwood County address this problem or opportunity?

How has your organization collaborated with these organizations?

Identify the expected outcomes the organization is committed to achieving for the first, second and third years of this program or project.

What measures will be used to demonstrate the impact of this program on the population served?

What strengths, weaknesses, opportunities, threats, and obstacles do you anticipate for your proposed program or project?

Attach the following (may be sent as .pdf files to staff@greenwoodcf.org):

- ___ Organizational budget
- ____ Program or project budget (including other anticipated sources of funding)
- _____ Most recent financial statement
- Proof of IRS tax-exempt status dated within the past five years
- _____ Anti-discrimination statement adopted by the Board of Directors
- ___ Annual Report if available

The Organization requesting funding:

What are the Mission and Vision Statements of your organization?

How long has your organization been in existence?

Please provide a history of your organization's work in Greenwood County.

List the names (and affiliations) of all members currently on the organization's Board of Directors.

Please describe all current programs and services of the organization.

The following three questions are to assist the Foundation in its service to local organizations and do not weigh into the grant evaluation process.

Do your Board and staff reflect the demographic of Greenwood County?

Does the organization have an endowment? What is your strategy for long-term funding?

In what ways (in addition to direct monetary assistance) might the Greenwood Community Foundation serve to strengthen the work of your organization?

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

Thank you for your grant application submission! Greenwood County Community Foundation 929 Phoenix Street, Suite 16 Greenwood, SC 29646 864.223.1524 Contact: staff@greenwoodcf.org