

The Community Council of Gwinnett County

Criteria for Receiving Grants from CCGC:

1. Community Council can award up to 3 grants per year for a total of \$2,250. The grants are in the amounts of 1) \$1,000; 2) \$750; and 3) \$500.
2. Grants will only be awarded when there is an excess of more than \$5,000 in the Council's bank accounts. The grants will not cause the total bank balance to fall below \$5,000.
3. Grant Applications will be due by the end of the March meeting and awards will be distributed in May.
4. Grant applicants must be a member of Community Council for at least 1 year and be considered an active member of the Council to be considered for grants.
5. Active membership is considered as attending at least 6 meetings per year. A member's active membership in previous years can be considered in granting award money.
6. Grants can be awarded to new and/or existing projects.
7. In February, there will be a grant committee of 3 people (more people if the President feels there is a need for it) appointed by the President who will consider and approve any grant applications. This committee will select which applicants will receive the grants and the dollar amount. If the committee votes to approve the applicant's proposal, the committee will present the award proposal to the Council. The Council will vote to approve the committee's decision or not. Committee members will not be allowed to submit an application for that year.
8. Applicants who received money in the previous year from the Council are not eligible to reapply the following year.

Criteria for the Board of Directors to Consider:

1. Is the applicant an established 501(c)(3) nonprofit organization? If not, how long has the agency been established, and are they pursuing non-profit status?
2. Has the applicant demonstrated financial need?
3. Would the grant assist in providing resources to the community?

Eligibility and Conditions:

- Applicants must be a member of the Community Council of Gwinnett County for at least one year.
- Applicant must attend at least six (6) meetings per year.
- Applicants must provide a service or assistance to families and children in need living in Gwinnett County.
- Funded applicants will be expected to report accomplishments (written year-end reports will be required at a Community Council meeting).
- Applicant should have 501(c)(3) status. Please attach copy of 501(c)(3). If not, how long has the agency been established, and are they pursuing non-profit status?
- Be as detailed as possible in answering the following questions, but please submit no more than 7 typewritten pages which would include your 501(c)(3) documentation, the 2-page application form, and no more than 4 pages of answers to the 8 questions asked in this application.

Application Deadline: Applicants must submit an **original and three (3) copies** of this application and any attachments. Applications are due to Council President on March 20, 2013 at the Community Council meeting.

Grant recipients will be announced by May 15, 2013, and grants will be distributed by May 31, 2013. Checks will be made payable to the applicant agency.

The Community Council of Gwinnett County
Grant Application

Section I: Agency Information

Agency/Organization: _____

Executive Director: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Contact Person: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Agency Description: _____

Hours of Service: _____

Section II: Program Information

Please answer the following on no more than four (4) pages:

1. What is your organization's mission?
2. Indicate what services your organization provides to children and families, and indicate the number of individuals served during the past year, (i.e. rent, utilities, food, medical, educational/job training, after-school programming, childcare, youth summer programs).
3. Provide a description of the specific program for which you are seeking funding. Is this a new or existing program?
4. Identify the program's target population(s) and specific needs or conditions to be addressed by this program and how this program will improve those needs/conditions.
5. Identify the key staff (volunteer or paid) responsible for program implementation. What are their assets (experience, knowledge, skills/certifications)?
6. Describe any formal collaborative/partnership that increases the impact of your program outcomes.
7. What is the amount of your request? Over what time period will the grant be used? Show how you will be using this funding.

Revenue	Project Budget	Grant Request	Expenses	Project Budget	Grant Request
Grants			Staff salaries and wages		
Contracts			Fringe benefits		
United Way			Occupancy and utilities		
Corporate contributions			Equipment		
Membership			Supplies and materials		
Individual contributions			Printing and copying		
Fees for services			Telecommunications		
Fundraisers, events, sales			Travel and meetings		
Endowment			Marketing and advertising		
Interest income			Staff and volunteer training		
Miscellaneous			Contract services		
Total			Miscellaneous		
			Subtotal		
In-kind Donations			General operating (indirect)		
			Total		
Total Revenue					
			In-kind Costs		
			Total Expenses		
			Revenue over Expenses		

8. How do you plan to fund this program in the future?

Section III: Program Financial Information

Attach the most recent audited financial statement for your organization. If not available, complete the following information for the most recent period:

For period of: / / through / /
Month Day Year Month Day Year

REVENUE:

Public Funding: (from whom)

_____ \$ _____

Private Funding: (from whom)

_____ \$ _____

Other: _____

\$ _____

TOTAL REVENUE:

\$ _____

EXPENSES:

Salaries, Benefits, Payroll Taxes:

\$ _____

Other Program Expenses:

\$ _____

TOTAL EXPENSES:

\$ _____

SIGNATURE OF APPLICANT

DATE

NAME OF APPLICANT (Please Print)

Questions? Contact Council President