

**BLOOMSBURG AREA COMMUNITY FOUNDATION**

**GRANT APPLICATION**

**INSTRUCTIONS TO APPLICANTS**

**NO APPLICATION WILL BE GIVEN ANY CONSIDERATION IF THE FOLLOWING INFORMATION IS NOT PROVIDED AT THE TIME OF SUBMISSION.**

1. **Proof of 501(c)(3) status;**
2. A project budget providing line item component costs for the project and all other project funding received from other sources as well as anticipated sources of project funding including pending funding applications, and the value of in-kind donations to the applicant for the project.
  - a. Any budget item to be purchased must be accompanied by written estimate or quote for such item; and
  - b. Labor to be provided by a third party must be itemized and substantiated by an hourly rate or quote for total labor services to be provided.
3. A budget for the applicant organization containing operational costs, revenues, surpluses, reserve accounts and endorsements for the two (2) fiscal years preceding the date of application.
4. Applications for project or services which duplicate ongoing projects or existing services in the community will not be considered for funding.

There are limited resources available for grants. The denial of a grant application does not signify that the Foundation does not consider the project to be worthy. Rather, it reflects a difficult decision by the Foundation to allocate its available funds among many worthy causes.

Completed applications should be returned to Bloomsburg Area Community Foundation, c/o Central Susquehanna Community Foundation, 725 West Front Street, Berwick, PA 18603.

**APPLICATION DEADLINE:**

**MAY 28, 2018**

**GRANT APPLICATION  
FOR ORGANIZATIONS**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Group, Organization, Individual

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State and Zip Code

Contact Person: \_\_\_\_\_  
Name and Title

Telephone: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Focus of Need/Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please answer the following questions. Use additional sheet if necessary.

1. What is the principal service of the applicant? List major accomplishments within the past year.



5. What other organizations address the same or similar problems? How do you coordinate?

6. How will this project/need be funded in the future?

7. List other funding sources the applicant has approached or which have committed to this project.

8. Discuss benefits to the community from this project. How will this grant enable the project to be a success or the need to be met?

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Signature of Applicant

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Title

Please return completed form to:

Bloomsburg Area Community Foundation  
c/o Central Susquehanna Community Foundation  
725 West Front Street  
Berwick, PA 18603