



SCI Membership Community Fund, Inc.
ORGANIZATIONAL GRANT APPLICATION

Grant Request From:

TYPE OR PRINT ALL INFORMATION

Name of Organization: _____

Date Established: _____

Street Address: _____

City, State, Zip: _____

Daytime Telephone: _____

Contact Person: _____

Officers, Directors of the Organization: _____

General objectives of the organization: _____

Briefly describe the project or program for which funding is being requested

(Attach additional page if necessary): _____

Grant amount requested: _____

Other funding sources applied for this project:

Source:

Amount:

Sources of firm pledges and commitments to-date:

Source:

Amount:

Is this a new organization? Yes No
 Is this a new program within an established organization? Yes No
 Is this grant to supplement an established program? Yes No
 Does your organization have tax-exempt status under the section 501(c)(3) of the IRS Code? Yes No
 Are the persons receiving and/or dispensing funds bonded? Yes No
 If yes, state amount of bond(s) \$ _____

Financial Record of the Organization (attach additional pages if necessary):

Source of funds in previous years: _____

Expenditures - current year (itemize briefly):	Amount:
_____	_____
_____	_____
_____	_____

Other sources of funds for current year:	Amount:
_____	_____
_____	_____
_____	_____

Other assets available for current year (endowment, reserve or other funds):	Amount:
_____	_____
_____	_____
_____	_____

Number of full-time paid employees: _____
 Will this grant involve additional employees? Yes No How Many? _____
 Is this organization a United Way Agency Yes No
 Is this organization affiliated with any religious organizations?
 Have you applied for or do you contemplate applying for State or Federal Funds?

If yes, please explain fully, including amounts which may be available from those sources:

Previous grants received from the SCI Membership Community Fund, Inc. (indicate date):	Amount:
_____	_____
_____	_____

Date the funds from this grant, if awarded, would be needed:	Amount:
_____	_____
_____	_____

If this will be a continuing project, explain in detail the source of funds for operation in subsequent years:

If the SCI Membership Community Fund, Inc. is unable to approve your request for funds, what alternatives do you have?

How do you plan to evaluate the success of your project/program:

Any other pertinent information, which would aid in the evaluation of your grant request:

For this application to be given consideration by the SCI Membership Community Fund, Inc. it must be signed by the organization's President and by the individual to whom future questions and correspondence may be addressed:

President / Chairperson

Contact Person

Printed Name

Printed Name

Date Signed

Date Signed

The following information MUST accompany this application

- * A one-page budget for the amount requested, with justifications
- * A copy of the IRS letter confirming 501 (c)(3) status (if applicable)
- * A copy of the most recent audited financial statements or annual report
 - * Current organizational budget (if not available please explain)

Mail or Deliver this Application, Copies and Support Materials to:

SCI Membership Community Fund, Inc.

300 Morton Avenue

Martinsville, IN 46151

(765) 342-3344 or (800) 264-7362