

JCCF BIGs Letter of Inquiry

**Deadline: to the Foundation Office by March 9, 2018 at 5pm**

**Guidelines for JCCF Grant Letter of Inquiry Submission**

The 2018 opportunities for grants from JCCF are listed below with the following deadlines. Nonprofit organizations may only receive community or “unrestricted” funding one time in a calendar year period except in the case of the emergency or emerging grants. Letters of Inquiry can be made every cycle if funding is not received during the previous cycle.

* **March 9, 2018**– The Spring cycle Big Impact Grants or the “BIGs” will focus on programs that provide services that are forward thinking, community changing, practical and unique to the communitiy (specific criteria is listed below for consideration for a big impact grant). **These requests MUST be for funding between $15,000 and $25,000**;
* **August 3, 2018**– The Fall cycle or the “Smalls” requests cannot exceed $10,000 for any one program. All other policies and procedures will apply to this cycle

**The “Bigs” or Community Impact Grants – Spring Cycle 2018**

While there is not a limit placed on the number of grants awarded, it is anticipated there will two or three requests funded each year. **As this is a highly competetive process and funding is limited, if an organization’s program does not fit the criteria, the application is not complete or does not fit with within the JCCF policies outlined below, it will not be considered for funding.**

* *Programs* ***MUST*** *be collaborative in nature and show multiple relationships for delivery of the program to Johnson County residents.*
* Qualifying organization must fit into the following categories to be considered for funding: a 501(c)(3), government entities or qualified organizations delivering charitable programs or services
* The organization must submit a fully completed, typed Letter of Inquiry. If assistance is needed, contact JCCF staff for further guidance.
* Programs will only be considered that provide services that are forward thinking, community changing, practical, and unique to the community.
* The grant request must be between **$15,000 and $25,000** for one progam.
* The JCCF grant must cover enough of the program budget to allow for the program to be planned and executed in a manner that brings the most positive change or impact to the population served.
* The program outcomes must be measurable and show how an impact has been made on lives of the population served or that a foundation has been established for future growth of services to a defined population.
* The program must show how it will be sustainable or if not an ongoing program, how it will impact your organization for the long-term.

**The Foundation generally does not make grants for the following (As Per JCCF Policies):**

* Ongoing operating expenses except on a short-term basis when support is critical to the survival of a key agency or program
* Programs/equipment that were committed to prior to the grant application period
* Debt reduction
* Annual appeals or membership contributions
* To or for projects/organizations benefiting individuals or a few persons
* Travel expense for individuals or groups
* Support of public or private educational institutions or government agencies except in special situations where support is essential to projects/programs that meet critical community needs
* Religious purposes or programs requiring religious participation
* Political purposes
* Endowment building

If the grant application does not meet the criteria or policies above, the nonprofit grant applicant will not be invited to complete a full grant application. If invited to complete a full application for the spring cycle, organizations will be notified by Friday March 16, 2018.

If you have any questions while filling out the below form please email Stephanie Fox ([stephanief@jccf.org](mailto:stephanief@jccf.org)).

Stephanie Fox

Program Officer: Grants and Scholarships

[stephanief@jccf.org](mailto:stephanief@jccf.org)

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**Unrestricted Community Impact BIGs Cycle**

Letter of Inquiry

**Please Type**

Deadline LOI: March 9, 2018 by 5:00pm

* All Questions below are REQUIRED Information
* No attachments will be accepted; all information must be included on this Form

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| **Organization Name** | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Federal ID Number:** | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Organization is:** | | | | | Non-Profit | | | | | | | | | Government | | | | | | | | | Other Charitable Program | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | State: | |  | | | **Zip:** | | | | |  | | | |
| **Contact Person:** | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Title: | |  | | | | | | | | | | | | | Phone Number: | | |  | | | | | | | |
| Email Address of Contact: | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Organization Mission or Mandate (Limit to 300 Words)** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Organization’s Total Operating Budget:** | | | | | | | | | | | | | | | | **$** | | | | | | | | | |
| **Organization’s Fiscal Year (Month/Year)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **From** | | | | | | | |  | | | | | | | | **To** | | | | | | | | |  |
| **PROGRAM INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Program Name:** | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Program Start & End Dates (mm/dd/yyyy):** | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Program is (please select only one):** | | | | | | | | | | | | | | | | | | | | | | | | | |
| New Program | | | | | | | | | | | | | | | Existing Program | | | | | | | | | | |
| **Program Theme (please select only one):** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agriculture | | | | | | | | | | | | Arts & Culture | | | | | Civic & Community Development | | | | | | | | |
| Education | | | | | | | | | | | | Enrichment | | | | | Health & Human Services | | | | | | | | |
| **Please put the *PERCENTAGE* of total clients served by this program from each Johnson County township. Total Must add to 100% if serving just Johnson County Clients:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blue River: | | | | | | | | | | | | Clark: | | | | | | Franklin: | | | | | | | |
| Hensley: | | | | | | | | | | | | Needham: | | | | | | Nineveh: | | | | | | | |
| Pleasant: | | | | | | | | | | | | Union: | | | | | | White River: | | | | | | | |
| **Highlight Program Demographics:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| General | | | | | | | Youth | | | | | | | | Family | | | | | | | | | Seniors | |
| **Estimated number of people in Johnson County to be impacted by this specific program over the next 12 months:** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Summary of the Proposed Program (Limited to 700 words)** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **COLLABORATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is this program a Collaboration?** | | | | | | | | | | **Yes** | | | | | | | | | **No** | | | | | | |
| **Please list each collaborating organization and their specific role in the program**  **Signatures are REQUIRED for your LOI to be complete. Failure to submit signatures for collaboration organizations will result in an automatic denial of the request** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Signature of Org Rep:** | | | | | | | | | | **Signature of Org Rep:** | | | | | | | | | **Signature of Org Rep:** | | | | | | |
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| **FINANCIAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Amount Requested from JCCF:** | | | | | | | | | | | | | | | | | | | | | $ | | | | |
| **Estimated Total Cost of Program:** | | | | | | | | | | | | | | | | | | | | | $ | | | | |
| **Please provide a specific LIST of what the funds requested from JCCF would provide and the cost breakdown (price) of each item** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ITEM** | | | | | | | | **Number Needed** | | | | | | | | **Cost Per** | | | | | | | | | **Total Item Cost** |
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| **Could you provide this program without JCCF Funding?** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Yes** | | | | | | | | | | | | | | | | **No** | | | | | | | | | |
| **Explanation of Yes:** | | | | | | | | | | | | | | | | **Explanation of No:** | | | | | | | | | |
| **Signature of the person submitting this form, the organization CEO, Executive Director, or President, and the Chairperson of the Board of Directors indicates board approval of this request.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Print Name:** | | | | | | | | | | | **Print Name:** | | | | | | | | | **Print Name:** | | | | | |
| **Signature:** | | | | | | | | | | | **Signature:** | | | | | | | | | **Signature:** | | | | | |
| **Title:** | | | | | | | | | | | **Title:** | | | | | | | | | **Title:** | | | | | |
| **Date:** | | | | | | | | | | | **Date:** | | | | | | | | | **Date:** | | | | | |

**To submit please email a copy of the completed form with signatures saved as [Organization Name] LOI BIGs 2018 to** [**stephanief@jccf.org**](mailto:stephanief@jccf.org) **by 5:00pm March 9, 2018.**