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| Nonprofit Organization Legal Name: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Point of Contact Name: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone Number: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Capital Project Address: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City/County/Zip Code: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Owned: Is the capital project owned by the same nonprofit organization service providing entity? If not, please describe the structure: | | |
|  | | |
| Leased: If this is a leased property, please provide a copy of the lease agreement with your application. Include a brief summary of the terms and parties below: | | |
|  | | |
| Is this project a new construction or renovation? Check the correct box, below: | | |
| □ | New Construction | |
| □ | Renovation | |
| Please include a brief description of the project. Include the square feet (SF) of the total building; as well as the breakdown of space for services; any administration or office SF, etc: | | |
|  | | |
| Describe the services that will be provided via this space, including how such services are providing essential health and human services aimed at improving the health, education, economic stability, or basic needs of the community: | | |
|  | | |
| Describe how the capital expansion project will greatly impact the local community(ies) and help solve a significant need within our community(ies). : | | |
|  | | |
| Explain the local support for this project, as demonstrated by the ability of your organization to fundraise the 1:1 matching requirements for this grant: | | |
|  | | |
| Please check the below boxes for each true statement regarding your organization: | | |
| □ | is a registered and compliant 501(C)(3); | |
| □ | has organizational capacity to undertake and complete the proposed capital project as the capital project lead; | |
| □ | has the ability to proficiently track and measure the community impact of the approved SCPI grant and share this information with United Way of Marshall County and Indiana United Ways in a timely, accurate, and professional manner; | |
| □ | has qualified and experienced staff, a plan to hire staff or a third-party consultant, for on-going, on-the-ground support for the NPO and LUW partnership throughout the capital project completion;  If you intend to hire a third-party consultant, please include their Name,  Organization, email, phone: | |
| □ | has the capacity to provide their share of matching funding and the ability to administer and support ongoing operating costs and contemplated expanded programs related to the capital project; and | |
| □ | has disclosed and listed all conflicts of interest (related parties, including Board, staff, consultants, or any payees directly or indirectly of capital funds who are also donors to NPO/capital campaign, etc.). If any conflicts exist, please include a separate statement of conflicts as a part of this application. | |
| Has your organization set up a separate facilities maintenance reserve (separate from this grant opportunity)? | | |
| If yes, what is the current Reserve Balance: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Reserve Balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| If not, what is your organization’s plan to financially account for future facility maintenance and capital replacement needs? Please describe below: | | |
| All statements and materials provided in the entirety of this application (including the separate Project Budget & Timeline Excel and any supplementary materials) are true and accurate to the best of my knowledge:  Signature of Organization Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please complete the separate Project Budget & Timeline Excel as a requirement of this application.**  **Examples of Supplemental Materials you may attach to your application include:**   * **Location, Construction, & Building Specifics:**   + Map of the location with a range outlined of community impact and community served will be helpful. This can be hand drawn on a printed map. May add locations of other similar service providers in the area or send an existing market study or needs assessment.   + Floorplans, Conceptual, Feasibility Studies currently available may be provided.   + Square Footages (SF) or Total Building, Space for funding, Other spaces as summarized by the Architect will be helpful.   + Parcel Identification Number, Acreage, Stories, other descriptions are helpful. * **Organizational Documentation:**   + Current IRS Form 990.   + Most recent clean Audit or Financial Review with no material findings;   + Current Organization Annual Budget.   + Projected Cost Increases and Budgets to operate in the new capital project space (3-5 years).   + Statistics, studies, demographics on community needs.   + What metrics will be tracked and measured for community impact, and will be reported upon 1 year after completion?   + Any existing prior applications or files on the project can be sent with clarification or notes on updates. | | |
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