

Legacy Village Lyndhurst Community Fund of The Cleveland Foundation

GRANT APPLICATION AND BUDGET INFORMATION

The Legacy Village Lyndhurst Community Fund of The Cleveland Foundation was created by Legacy Village Partners LLC to support philanthropic and other charitable purposes in Lyndhurst, its contiguous communities and the South Euclid Lyndhurst public schools. The Fund will award multiple grants ranging from \$250 to \$5,000. Tax-exempt organizations and governmental agencies are eligible to receive grants from the Fund. However, it cannot make grants to individuals or religious organizations for religious purposes.

Please complete the attached application and submit it to:

Legacy Village Lyndhurst Community Fund
c/o The Cleveland Foundation Donor Relations
1422 Euclid Avenue, Suite 1300
Cleveland, OH 44115-2001
216/691-2291

GRANT ELIGIBILITY

Any group providing services within South Euclid and/or Lyndhurst, Ohio is eligible to apply, whether or not they are incorporated and are a 501(c)(3) not-for-profit organization. In order to receive a grant, groups without 501(c)(3) status will need to partner with a 501(c)(3) group to serve as the fiscal agent. Grant applicants that are 501(c)(3) organizations should include a copy of their IRS determination letter with their application.

Grant applicants that do not have 501(c)(3) status must identify a fiscal agent to handle the grant money. A fiscal agent must be a 501(c)(3) organization and must provide a letter indicating a willingness to function as a fiscal agent. This letter must accompany the grant application along with the 501(c)(3) IRS determination letter of the proposed fiscal agent.

The Grant Application and Budget must be completed in full and returned with all required attachments. **Consideration cannot be given to applications with missing components.**

LEGACY VILLAGE LYNDHURST COMMUNITY FUND APPLICATION CHECKLIST

- ___ Grant Application and Budget Form
- ___ Income and Expense page is completely filled out
- ___ Necessary letters of support from cooperating organizations are included (fiscal agent.)
- ___ 501(c)(3) determination letter is included. If group does not have 501(c)(3) status, the determination letter of the fiscal agent is included along with a letter from the fiscal agent agreeing to assume that role.
- ___ Current board list
- ___ Most recent annual report, if available.
- ___ Most recent financial audit, if available
- ___ All materials are on 8-1/2" x 11" paper (please no videos, CD ROMS, etc.)

LEGACY VILLAGE LYNDHURST COMMUNITY FUND

GRANT APPLICATION AND BUDGET FORM

APPLICANT ORGANIZATION:			
Mailing Address:			
City:	State:	Zip:	
Telephone:	Fax:	County:	
Web Address:			
Executive Director:		Email:	
Chair, Board of Directors:			
Project Director:		Email:	
Title:			
Phone:	Fax:		
FISCAL AGENT <i>(complete only if different than above):</i>			
Mailing Address:			
City:	State:	Zip:	
Telephone:	Fax:	County:	
Executive Director:		Email:	
Chair, Board of Directors:			
PROJECT TITLE:			
Total Project Budget: \$			
Amount Requested (Minimum \$250-Maximum \$5000): \$			
ORGANIZATION TYPE <i>(select the one that best describes your group):</i>			
<input type="checkbox"/> Arts & culture group	<input type="checkbox"/> Neighborhood association/center		
<input type="checkbox"/> Block club or residents' council	<input type="checkbox"/> Safety group		
<input type="checkbox"/> City of South Euclid	<input type="checkbox"/> School-affiliated group		
<input type="checkbox"/> City of Lyndhurst	<input type="checkbox"/> South Euclid Lyndhurst Public Schools		
<input type="checkbox"/> Community-based organization	<input type="checkbox"/> Youth organization		
<input type="checkbox"/> Faith-based group	<input type="checkbox"/> Other (please specify) _____		
<input type="checkbox"/> Merchants or business association			
WHAT ISSUE(S) DOES YOUR PROJECT ADDRESS? <i>(select the one that best describes your project):</i>			
<input type="checkbox"/> Arts and Culture	<input type="checkbox"/> Communications	<input type="checkbox"/> Education	<input type="checkbox"/> Safety/security
<input type="checkbox"/> Beautification	<input type="checkbox"/> Community event	<input type="checkbox"/> Health issues/counseling	<input type="checkbox"/> Technology
<input type="checkbox"/> Capacity building	<input type="checkbox"/> Community planning	<input type="checkbox"/> Leadership development	<input type="checkbox"/> Other

APPLICANT ORGANIZATION:

PROJECT SUMMARY *(Include project description and expected outcomes.)*

APPLICANT SIGNATURES (REQUIRED)

The signatures constitutes my certification that our organization prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, and marital or family status.

Executive Director

Date

Board Member

Date

MAIL THE ABOVE MATERIALS TO:

Legacy Village Lyndhurst Community Fund
c/o The Cleveland Foundation Donor Relations
1422 Euclid Avenue, Suite 1300
Cleveland, OH 44115-2001
(216) 861-3810

PROJECT INCOME AND EXPENSE

Project Income and Expenses:

Item	Legacy Village Lyndhurst Community Fund Request	Other Sources of Income or Contributions	Total
Personnel	\$	\$	\$
Contract Services	\$	\$	\$
Space	\$	\$	\$
Equipment	\$	\$	\$
Supplies (specify)	\$	\$	\$
Other (specify)	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total expenses	\$	\$	\$

Note: Please attach price quotations for equipment and materials.