Grant Year 2026

Admin use only

#_____

GJCF_____ **GDMF**_____ Check#_____

1st POP Notice_____2nd_____

2026 Official Annual Grant Application **DEADLINE: JUNE 1, 2026 4:00 PM CDT**

***YOU MUST BE A MEMBER OF THE ORGANIZATION TO COMPLETE THE APPLICATION**

Date_____ (ex: 6/6/2010) **Amount Requested $**_____

The EIN (Employer Identification) Number (also known as Tax ID #) of your organization is:

*_____

Name of Organization_____

Contact Person_____

Address_____City,State,Zip_____

Phone_____Fax_____Email_____

Is this request for a capital expense item _____ or for 'operational' purposes_____?

I. How many Jefferson County Residents does your organization or mutual aid serve?

II. Describe how these grant funds are to be used.

III. Project focus area: (circle the most appropriate)
   a. Arts & Culture: *Museums, historic preservation, etc.*
   b. Education: Schools, Day Care (all ages, adult learning)
   c. Environmental/Animal Health: Environmental protections, beautification, animal-related issues
   d. Health & Human Services: Police/Fire, public protection/safety, recreation, youth development, social support, general human services
   e. Public/Society Benefit: Community improvement/development, philanthropy/volunteerism, capacity building, civil rights, etc.
   f. Other: *Use category only if the grant cannot be categorized in one of the above ways*

IV. Has the Applicant applied for funds for this project from any other sources, foundations, or organizations? _____YES _____NO

List all other sources, foundations, or organizations, amounts requested, and the dates applied

Was the request approved? _____ Amount approved? _____

If rejected, why?

V. If a capital expense item, describe where item(s) will be placed in service and how it will be used.

VI. Explain how this item or funds will be used to enhance your organization's operation.

VII. List projected expenses for this request. How are cost estimates determined?

***Attach any available quotes for this purchase. LIMIT ATTACHED ESTIMATES TO ONE PAGE**

VIII. Describe your organization's charitable purpose, program activities, and population served. (no 'See Attached')

*Is your organization an IRS 501©3 not-for-profit? ____Yes ____No

IX. *If No, is your organization a 170b unit of government? ____Yes ____No

X. *If No, you must have a fiscal agent. Please list name, address, phone & fiscal agent contact person

XI.

XII. _____ *fiscal agent EIN#* _____

XIII. *Letter of Support from the Fiscal Agent

XIV. *ALL grant applications must contain a copy of the applying organization's most recent legible balance sheet, statement of revenues and expenditures. **ONE PAGE ONLY**

Applications will NOT be considered without this documentation

VI. Are you incorporated? yes____no_____ Are you tax exempt? yes_____no_____

VII. *Can your organization complete your project if GJCF partially funds your grant request? ____yes ____no

VIII. *Letter of Accreditation/License if applicant is a school or daycare.

*Budget Summary:

Grant Request Amount: _____%_____

Other Funds: _____%_____ Are other funds committed? ___ Yes ___ No

Other Funds _____%_____ Are other funds committed? ___ Yes ___ No

Applicant Funds: _____%_____ Are Applicant funds committed? ___ Yes ___ No

Total Project Cost: _____100%_

If the request is funded, who will operate and maintain the improvements?

Has the project started? _____ Yes _____ No When will the project start? _____
Example 12/12/2008

***List the amount of Grant Funds received from the Greater Jefferson County Foundation by your Organization / Entity in the past:**

Year_____ $_____ Year _____ $_____ Year_____ $_____

Year_____$_____ Year_____$_____ Year_____$_____

(The organization is expected to keep records of their grant applications/disbursements, as stated in the signed Grant Agreement. Do not call/email the office asking for past disbursement amounts)

***Signed** _____ **Title** _____

***YOU MUST BE A MEMBER OF THE ORGANIZATION TO COMPLETE THE GRANT APPLICATION**

***Include the list and contact information of the organization's Board of Directors

Deadline 4:00 PM CDT June 1

Incomplete applications or those missing required documentation/materials will not be eligible for funding in the current grant cycle. No postmarked applications accepted. To drop off your application, please call or email the office for an appointment before the deadline.

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