



AWARD APPLICATION AND PROPOSAL

Application Form Contents:

1. Award Application
2. Project Description
3. Timeline
4. Key Personnel
5. Budget Requirements
6. Post Grant Report

Selection Criteria:

1. The programs objectives and goals are in alignment with the committee's mission and vision.
2. The programs outcomes and/or achievement of objectives should be measurable.
3. The program can be replicated.
4. Award cycle will be quarterly, with all application being reviewed within two weeks of the end of the cycle and awards being made by month end.
5. Champions for a Safe Community reserves the right to request additional information.

Tips

1. Applications are read by a cross-section of community members. Please be clear and concise to help the Committee understand the value of your program.
2. Programs should directly involve or impact as many community members as possible.
3. Projects can be co-funded with other agencies.

Please submit to amy.freeman@oldnational.com or Amy Freeman, Old National Bank, PO Box 751, Muncie, IN 47308.



AWARD APPLICATION

Title of Proposal: _____

Subject area(s) of Proposal: _____

Number of people expected to participate in this project: _____

Date of Application: _____

Total dollar amount requested: **\$** _____

Award Applicant

Name: _____

Address: _____

Telephone Number: _____

E-mail: _____

Website: _____

Executive Director Or Top Executive: _____

Geographic Area Served: _____

Organization's Mission Statement:

How will you publicly acknowledge the Champions for a Safe Community Fund if you receive an award?

Are you willing to sign a release and allow Champions for a Safe Community and Old National Bank to use your name and project in future advertising as a recipient of this award?



PROJECT DESCRIPTION

The project description should include each of the following areas and be limited to three typed pages, excluding attachments.

1. Summary:

_____ Write a two or three sentence description of the project. (The Committee reserves the right to edit this summary as needed for information and dissemination purposes.)

2. Purpose and details of the project:

_____ Explain the purpose of this funding request and identify the specific objectives to be accomplished.

_____ Briefly describe details of the project including how the project will be implemented, proposed activities and tasks. It is important to include a clear description of the innovative or creative component of this project and how the people will be engaged.

_____ Please indicate start of project and projected completion.

_____ Briefly describe your experience with implementation of previous projects

3. Evaluation/Impact:

_____ Describe how you will determine success of your project, such as through changes/benefits in skill, knowledge, behavior, attitude, condition, status or awareness that participants experience as a result of program activities.

_____ Identify what methods of project evaluation will be used (if applicable). Participant feedback is strongly encouraged. Please be specific to this project.



TIMELINE

List specific steps and the expected dates to mark your progress (include start and completion dates).

KEY PERSONNEL

List key personnel involved in the implementation of this project.

| Name | Position <i>(staff, parent, other)</i> | Role on project <i>(please be specific)</i> |
|-------------|--|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

List resource personnel (e.g. consultant, guest speaker, etc.) on the chart above using additional pages if necessary. Attach resumes for outside resource personnel.



BUDGET REQUIREMENTS

An explicit budget is mandatory in order for the project to be eligible for funding. Include budget information for all items needed for the project, including but not limited to: materials, supplies, equipment, entry fees, professional/consulting services or transportation.

Project Budget:

| Item | Funding Sources | Cost |
|--|-----------------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL COST OF PROPOSAL: | | |
| Champions for a Safe Community REQUEST: | | |

It is expressly understood and agreed that if award funds are misused by the applicant, the committee shall have the absolute right to complete recovery of all such funds. Applicant agrees that all award funds shall be used only for the purposes for which the award was initially made.

Proposal Applicant's Name: _____

Proposal Applicant Signature

Date



POST PROJECT SUMMARY

Date of Report_____

Name of Organization_____

Officer completing report_____

Grant purpose_____

Amount of grant awarded \$_____

A. For equipment grants: Attach copies of invoices or receipts.

B. For project grants: Complete the following:

1. Describe the project objectives achieved per the grant request.

2. Evaluate the success or failure of the funded project.

3. Attach copies of receipts.

4. Include a photo of the completed project for records and public relations purposes.