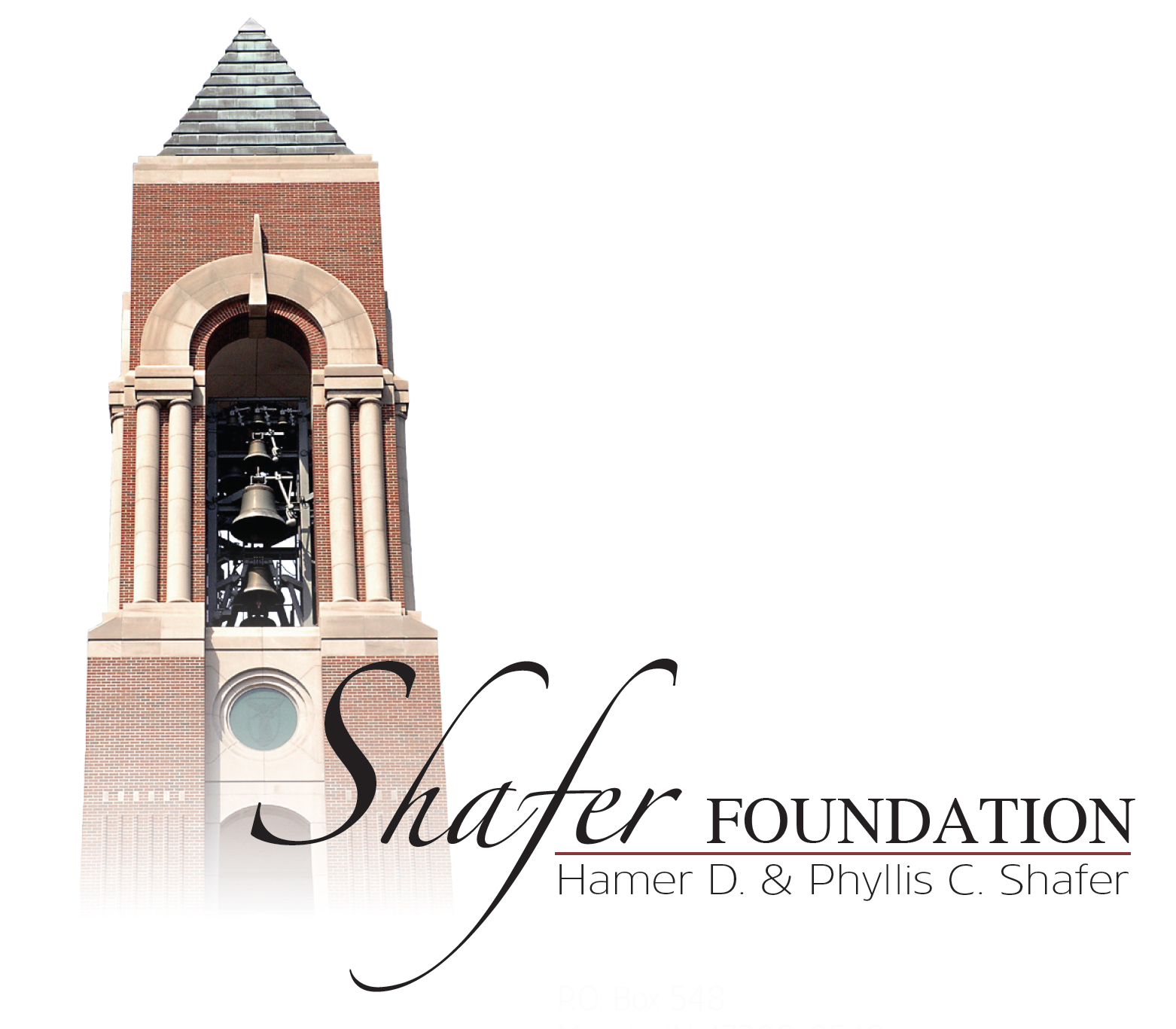


Hamer D. and Phyllis C. Shafer Foundation

**Grant/Program Support Application**



**Mission Statement**

To continue the legacy of Hamer and Phyllis Shafer by supporting and encouraging programs that measurably better their communities, especially Muncie, Indiana, and that promote their charitable and cultural interests, in particular, education and the welfare of children.

**GENERAL INFORMATION**

**Organization Name:** Click here to enter text.

**Street Address:** Click here to enter text.

**City, State and Zip Code:** Click here to enter text.

**Telephone Number:** Click here to enter text.

**Fax Number:** Click here to enter text.

**Web Address:** Click here to enter text.

**Contact Name:** Click here to enter text.

**Email Address:** Click here to enter text.

**Date Incorporated:** Click here to enter text.

**IRS Status:** Click here to enter text.

**Organization’s Mission Statement:** Click here to enter text.

**Provide an overview of services provided by your organization to achieve its mission:** Click here to enter text.

**GRANT INFORMATION**

**Grant Request Amount:** Click here to enter text.

**Date Required:** Click here to enter text.

**Period Grant Funds to Cover:** Click here to enter text.

**GRANT/PROGRAM INFORMATION**

**Brief description of program, service or project and how it will be implemented.**

Click here to enter text.

**What community issue does your organization help to improve or prevent?**

Click here to enter text.

**Primary Funding Category Type (select one only):** Choose an item.

**Secondary Funding Category Type (check all that apply):**

**Arts & Culture  Health**

**Education  Human Services**

**Environment  Community Affairs & Benefit**

**Children/Youth  Other (please define)** Click or tap here to enter text.

**Target Population. Detail the target population of your organization and number of clients served per year. Include demographics such as age, ethnicity, gender, income levels, etc.**

Click here to enter text.

**Discuss accessibility of your organization to the target population.**

Click here to enter text.

**Financial budget specific to grant/program support application.**

Click here to enter text.

**EFFECTIVENESS AND EVALUATION**

**What impact will your organization have on the issues you are addressing? Outcomes?**

Click here to enter text.

**How will your organization assist your clients in reducing their dependence on your services?**

Click here to enter text.

**How do you measure the impact of your services on the issues you are addressing?**

**List tools/methods that are used to measure impact of services provided (i.e. surveys, evaluations, etc.).**

Click here to enter text.

**SUSTAINABILITY**

**Discuss your organization’s ability to sustain this project.**

Click here to enter text.

**What will happen if you do not receive the total amount of funding requested?**

Click here to enter text.

**COLLABORATION**

**Are you seeking grants from other sources? Share in detail.**

Click here to enter text.

**With whom does your organization collaborate on a formal or informal basis to avoid duplication of services, promote integration of services, decrease costs, and to achieve desired outcomes?**

Click here to enter text.

**ADDITIONAL ITEMS TO BE PROVIDED**

**Articles of Incorporation**

**501C3 Letter**

**By Laws**

**Board Member Roster**

**Strategic Business Plan**

**Last Audited Financial Statement**

**IRS Form 990**