

Clyde Community Grant Fund

2019 Business Grant Program

Application Instructions

A completed Grant Application includes the following documents:

A. **Cover Page** (page 3)

B. **Proposal Narrative** – The proposal narrative should not exceed two (2) pages and should address the following **in this order**:

1. **Summary** – Summarize the purpose of your project and explain how this grant award will be used. Explain the need for this project and how that need was determined.
2. **Community Benefit** – Explain who this project will benefit and in what ways. Projects must benefit the Clyde area residents. If you are collaborating with other entities, please describe the collaboration and community support for the project.
3. **Funding** – Explain how CCGF funds will be used and please be specific. For example, if you are purchasing supplies, do not say that “\$1,000 is needed for commercial kitchen renovation.”; instead say, “\$1,000 is needed to purchase a commercial freezer, including \$700 for the unit replacement, \$250 for the installation, and \$50.00 for haul away of the old unit.”
4. **Additional Funding** – If additional funds are needed to complete the project, how much additional funding is needed? Are these funds pending or have they been obtained, and from what sources? If you are seeking a CCGF grant as matching funds for another grant, please explain the terms of the matching grant.
5. **Acknowledgement of Funding Source** – If awarded the grant, are you willing to display acknowledgement of CCGF, and how do you plan to do so?

C. **Budget Page** (page 4)

1. **Column A** – Categories of available funding are listed. Please Note: Salaries and benefits of business employees are not eligible for funding through a CCGF grant.
2. **Column B** – List the amounts of items and expenses to be purchased with grant funds in the correct category.
3. **Column C** – List the amounts of items and expenses to be purchased with other funds in the correct category.
4. **Column D** – List the total project cost for each category.
5. **Bottom Line** – The bottom line of the budget page should show totals for each column, and should equate to $B+C = D$. List amounts by full dollar amount (round cents up to the next dollar). Please check your proposal narrative and make certain that numbers mentioned in the narrative correspond to numbers on the budget form. Please check your math!

D. Certification Page (page 5)

This page must be signed and dated by an authorized member of your business or organization.

E. Required Attachments – Please attach the following documents in this order.

1. Current (within 6 months) quote to support budget request for purchased services or goods. **Note:** Preference may be given to proposals using local contractors and merchants where applicable.
2. Provide a timeline of the project which includes a projected completion date.
3. Name and affiliation of business's Owners and Authorized Officers.

Timeline

All applications are due by the last day of any calendar quarter (March 31, June 30, September 30 and December 31). Applications will be presented to the grant committee within 30 days. The committee may then choose to recommend the application for approval at the following month's meeting of the full Clydescope EDC Board of Directors.

Please Note: After receiving an award, recipients are required to provide the Foundation with a follow-up report prepared on the **Final Grant Report Form** (pages 6 and 7), within 30 days of project completion. Report must include photo(s) showing project results. Grant funds must be used in the manner described in the grant application and will be verified by CCGF during a site visit / interview. Any funds not spent as approved in the Grant Application must be repaid to CCGF at this time.

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Cover Page

Business Name: _____

Project Title: _____

Use of Funds (circle one): New Business Equipment Change of Ownership/Succession
 Building and/or Infrastructure Improvements Existing Business Expansion

Amount Requested: _____ (Not to exceed \$5,000)

EIN / TIN: _____

Address: _____

Telephone: _____ **Fax:** _____

Email: _____

Owner: _____ **Phone:** _____

Grant Contact Person: _____ **Phone:** _____

Authorized Signature: _____ **Date:** _____

For consideration, completed applications with required attachments must be received by the last day of any calendar quarter (March 31, June 30, September 30 and December 31). Application may be mailed or delivered to:

Clydescope Director, 222 N. Main Street, Clyde OH 43410 or scanned to Clydescope@clydeohio.org

Incomplete applications, faxed applications, or unsigned email will not be considered. Applications received after the end of the month will not be considered until the following month's application cycle.

Applicant organizations may be contacted for further information or documentation regarding the grant application. However, it is the policy of the Committee not to engage in discussion regarding outcomes of pending grant proposals.

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Budget Page

- B. Category:** Funding is limited to:
1. Services: Any contracted services (i.e. printing, professional advice, presenters, or independent contractor fees) to be funded with this grant.
 2. Supplies: Any supplies for the project to be funded with this grant.
 3. Capital Improvements: Any property purchase, equipment, building materials, or facility improvements of the project to be funded with this grant.
 4. Other: Any costs that do not fit into the above categories. Please explain these costs in the program narrative.
- C. CCGF Request:** List the funds requested from only CCGF in Column B. (Include amount and items to be purchased)
- D. Other Funding for Project:** List any additional funds from other sources needed to complete the project in Column C. (Include amount and items to be purchased)
- E. Total Project Cost:** List the entire cost of the project. The combined amounts of Column B and Column C will equal the total listed in Column D.

Please Note:

- CCGF funds may not be used for salaries or benefits for organization employees. Nor may they be used for general operating expenses of organization.
- Grant requests exceeding **\$5,000** will not be considered.

Column A Category	Column B CCGF Request	Column C Other Funding for Project	Column D Total Project Cost
Services			
Supplies			
Capital			
Other			
Total Project Columns B+C = Column D			

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Certification Page

Applicant hereby acknowledges and certifies that submitting this Clyde Community Grant Fund Application constitutes an offer to the Clyde Community Grant Fund to perform the program, purchases or products described in it and shall constitute a binding contract if and when the Clyde Community Grant Fund approves the application and awards grant funds to the Applicant. The Applicant agrees and certifies that all grant funds awarded shall be expended only for programs, products or project in strict compliance with the Applicant's Grant Program Application, as approved by the Clyde Community Grant Fund and the provisions of the Clyde Community Grant Fund's Grant Program Guideline for Grant Seekers.

Any grant funds expended in violation of these requirements or for an unapproved expense shall be refunded to the Clyde Community Grant Fund.

Authorized Signature

Date

Printed Name

Title

Clyde Community Grant Fund

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Final Grant Report Form

Organization: _____ **Amount Awarded:** _____

Please describe the purpose of your grant, and whether or not you feel that you have completed your project.

Please describe how the grant funds were used. Attach documentation to show total expenditures compared to the amount awarded, along with a check refunding the difference, if any. Any funds not spent as approved in the Grant Application must be repaid to CCGF within 30 days.

How many jobs were created or saved as a result of this project, and what local contractors or businesses were used to complete this project?

Please describe your efforts in promoting or advertising the Clyde Community Grant Fund's financial participation of your project. Attach a picture of the completed project, news clippings, and / or copies of any print material you distributed. Attach additional information as needed.

This report confirms that grant funds were used for the purpose described within the approved grant proposal. Please contact the CCGF if there are any unexpended funds from the grant. These must be returned to the CCGF within **30 days of completion**. Failure to send a final grant report will negatively impact future funding from CCGF. The CCGF reserves the right, upon review of this report, to request additional information.

Thank you very much for your cooperation and the dedication you have demonstrated to the Clyde Business Community!

Authorized Signature

Title

Date

Return the completed form to Clyde Community Grant Fund

Attn: Clydescope EDC Director, 222 N. Main St., Clyde OH 43420

Final Report Due: Within 30 days of project completion.