

# ***SERVING SENIORS GRANT***

## ***ELIGIBILITY***

- The Franklin Township Trustees will consider grant requests from nonprofit organizations that are recognized by the Internal Revenue Service as tax exempt public charities under sections 501(c)(3) and 509(a)(1), (2), (3) of the Internal Revenue Code, located in Franklin Township, Warren County, Ohio both incorporated and unincorporated.
- This is a reimbursement grant. Receipts or other supporting documentation, and an impact statement must be submitted to Franklin Township within 30 days of purchase or disbursement and no later than September 1, 2016. If all eligibility requirements have been met, Franklin Township will issue a check to your organization 4 -6 weeks later.
- Grant is for operating expenses and capital improvements. If applying for capital improvement projects, your organization may be subject to additional questioning.
- Franklin Township will award a total of \$5,000.00 per year.
- Successful requests will fall within both the current eligibility guidelines and funding priority areas established by the Franklin Township Trustees.

***Organizations may only submit one request a year for funding.***

The Franklin Township Trustees will not consider requests for:

- Support to individuals
- Religious organizations unless the gift is designated to a program that is secular in nature and benefits a broad range of the community (e.g. soup kitchens and homeless shelters). Additionally the program must have a formal mission and separate budget and staff.
- Organizations not described in sections 501(c)(3) and 509(a)(1), (2), (3) of the Internal Revenue Code
- Organizations that discriminate on the basis of race, color, religion, sex, age, national origin, sexual orientation, veteran or disability statuses in the delivery of services and in their employment practices.

# ***SERVING SENIORS GRANT***

## ***CHECKLIST***

**You will need the following information and documentation:**

### **Registration Information**

- Contact name, telephone and email address
- Organization name, telephone and address
- Organizations website address
- Organization tax identification number, document(s) supporting tax exemption status
- Year organization founded

### **Request Summary**

- Project title, start and end dates
- Approximate number of beneficiaries
- Alignment with the Franklin Township funding priority areas: Healthcare for Senior Citizens, Quality of Life for Senior Citizens
- Primary geography served
- Requested amount
- Is your organization able to match funds?
- Total project budget
- Total annual organizational operating budget
- Has your organization applied for grant funding for this particular project from any other source?
- Has your organization applied for grant funding for this particular project from Franklin Township before? If so, when?

# ***SERVING SENIORS GRANT***

## ***CHECKLIST Cont'd***

### **Project Details**

- Describe the problem or community need that the project addresses
- Describe your proposed intervention for the problem above
- Describe what other organizations are doing to address this problem and what makes your approach unique
- Will your organization be coordinating efforts with any other organization? If so, who?
- Explain how you define success for this project.

**Your organization will not be considered unless all items above are provided.**

***SERVING SENIORS GRANT***  
***DEADLINE, SUBMISSION & AWARD***

All funding requests should be mailed in a manila envelope to:

Franklin Township Administrative Office

C/O Traci Stivers, Administrator

P.O. Box 364

Franklin, Ohio 45005

Please mark envelopes "GRANT REQUEST".

Applications will be accepted April 1, 2016 - May 1, 2016

Award letters will be mailed by July 1, 2016

Questions should be directed to Traci Stivers @

[traci.stivers@Franklintonshipohio.us](mailto:traci.stivers@Franklintonshipohio.us)

**SERVING SENIORS GRANT**  
**REGISTRATION**

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Telephone: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Organization Tax ID: \_\_\_\_\_

Organization Founded: \_\_\_\_\_

**SERVING SENIORS GRANT**  
**REQUEST SUMMARY**

*Project Title:* \_\_\_\_\_

*Project Start Date:* \_\_\_\_\_

*Project End Date:* \_\_\_\_\_

*Approximate Number of Beneficiaries:* \_\_\_\_\_

*Does This Project Promote:*

*Healthcare for Seniors      or      Quality of Life for Seniors*

*Primary Geography Served:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Amount Requested:* \_\_\_\_\_

*Can Your Organization Match Funds:*    Yes            or            No

*Total Project Budget:* \_\_\_\_\_

*Total Annual Operating Budget:* \_\_\_\_\_

*Has your organization applied for funding for this project elsewhere?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Has your organization applied for funding for this project from Franklin Township before?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SERVING SENIORS GRANT**  
**PROJECT DETAILS**

*Describe the problem or community need that the project addresses:*

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*Describe your proposed intervention for the problem above:*

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# **SERVING SENIORS GRANT**

## **PROJECT DETAILS**

*Describe what other organizations are doing to address this problem and what makes your approach unique:*

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*Explain how you define success for this project:*

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