

****ATTENTION** This Form must be filled out and returned with the proposal or your grant WILL NOT be reviewed. Grant deadlines are September 1st, December 1st, and March 1st. Completed grant applications will then be reviewed in October, January, and April.**

P.U.L.S.E OF NOBLE COUNTY GRANT APPLICATION

Philanthropods Utilizing Lifelong Service Education
Mail grant application and required documentation to:
P.U.L.S.E of Noble County
1599 Lincolnway South
Ligonier, IN 46767

P.U.L.S.E of Noble County Mission Statement:

To broaden Noble County's horizons of education and service through philanthropy.

Name of Applicant: _____

Address: _____

Contact Person: _____ **Phone:** _____

Purpose of Application: _____

Amount Requested and Timetable: _____

The P.U.L.S.E of Noble County Grant Preferences Are Established as Follows:

- **Must directly relate to our mission statement**
- **Must benefit people in Noble County**
- **Grants under \$1,000.00**
- **Commitment should be demonstrated (matching funds, in-kind services, etc.)**
- **Projects that benefit many people**

P.U.L.S.E of Noble County will not fund:

- **Deficit Spending**
- **Shipping and handling**
- **Salaries**
- **Transportation**

Attach a proposal (up to two pages) to this application form, describing the following:

- 1. The need for and importance of this project**
- 2. The objectives and plan for addressing that need**
- 3. Who will benefit from this project and how**
- 4. Past projects that we funded for you**
- 5. A budget for the amount requested, with justification**
- 6. Other committed funding sources**
- 7. Attach a copy of 501 (c)3 if applicable**

If you have any questions or concerns, please feel free to contact Jennifer Myers or Dave Knopp at the Noble County Community Foundation at 260-894-3335

CERTIFICATION STATEMENT

(Please read this section carefully. You are signing to agree to the terms stated below such as follow-up if your grant is approved. By not following through, future grant requests may not be considered). I hereby certify that the information included in this grant application and proposal is accurate and current to the best of my knowledge. In addition, I certify that any funds received by my organization from P.U.L.S.E of Noble County will be used for the purpose described in this application and that I am acting on the full authority of the organization herein. Also, if my grant is approved, I agree to follow-up by completing the evaluation form that will be sent to me with the check if the grant is approved. (We also welcome additional forms of feedback to show how the grant was used, i.e. video, pictures, etc.).

Print name and title

Signature

Print name of principal or board president

Signature of principal or board president