



**SummerTime Kids - 2010**

A Charitable Grant Program of Stark Community Foundation  
**Application Form**

*(Please see SummerTime Kids brochure for additional information when completing this application)*

**The information requested on this application can be reproduced on a form generated by the applicant, provided that it is complete and follows this format.**

Applicant Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Exec. Director \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Project Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Total Amount Requested for this SummerTime Kids Grant \$** \_\_\_\_\_

**FISCAL SPONSOR:** A grantee must have 501(c)(3) status to apply for a grant. *If you do not have 501(c)(3) status, you may wish to consider asking a church or another non-profit agency to serve as your fiscal sponsor. Please attach letter verifying proof of 501(c)(3) status or list name of organization which will serve as your fiscal sponsor for this project.* (see enclosed "Fiscal Sponsorship – Doing It Right" from Stark Community Foundation regarding fiscal sponsorship guidelines and required fiscal sponsorship letter of agreement.)

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

\_\_\_\_\_  
*SIGNATURE* - Executive Director

\_\_\_\_\_  
Date

Have you ever been a recipient of a SummerTime Kids Grant? Yes \_\_\_\_ No \_\_\_\_

**Write a one paragraph summary of how you plan to use funds requested from Stark Community Foundation SUMMERTIME KIDS Charitable Grant Program.** Include the approximate number of children who will be served and their age range.

If the project includes a community service component, education and/or character component, *briefly describe*.

How will the children be selected?

Who will supervise the children?

Dates for program: \_\_\_\_\_

What is the major source of funding for your organization?

Would you consider accepting partial funding? \_\_\_\_\_ If so, how will you scale back?

**BUDGET:** Attach a copy of your program budget to this application. Please give a brief detail of costs. List expenses and in-kind services, if any. (*a sample budget is provided for clarification*)

**APPLICATION DEADLINE - RETURN TO STARK COMMUNITY FOUNDATION BY FRIDAY, MARCH 12, 2010, AT 4 P.M.** – *return original with 12 copies to:*

**Program Officer  
Stark Community Foundation  
400 Market Avenue North, Ste. 200  
Canton, Ohio 44702  
[www.starkcommunityfoundation.org](http://www.starkcommunityfoundation.org)**