THE HEARLD AMBLER FUND FOR SENIOR CENTERS GRANT
COMMUNITY FOUNDATION OF THE OZARKS

POLICIES REGARDING SENIOR CENTER GRANTS:

● Grant Rounds occur in April and October.
● Funds must be used within 6 MONTHS of obtaining the grant or funds must be returned.
● Grantee must return a Grant Follow-Up report within 6 months.
● The Fund does not reimburse for items already purchased.
● Counties Served: Barry, Christian, Dade, Dallas, Douglas, Greene, Howell, Lawrence, Oregon, Ozark, Polk, Shannon, Stone, Taney, Texas, Webster, and Wright.

REQUIRED ATTACHMENTS (APPLICATIONS THAT DO NOT INCLUDE ITEMS BELOW WILL BE REJECTED):

● Attach a recent annual income/expense operational statement & balance sheet

● Attach a typed, comprehensive budget for your project/program. This budget should include 3 current bids for labor and materials, program maintenance expenses, service, salary, etc.
  ○ Provide documentation to support listed costs along with a schematic & supporting photos, if possible.

● Attach a listing of contractors/bidders for the project. (Please make sure the contractor you are considering is licensed and bonded. It is always wise to ask for references and see work they have completed.

Please mail completed, signed form with attachments to:

COMMUNITY FOUNDATION OF THE OZARKS
ATTN: ELLEN NEVILLE-VERDUGO
425 E. TRAFFICWAY
SPRINGFIELD, MO 65806

QUESTIONS?
EMAIL: ENEVILLE-VERDUGO@CFOZARKS.ORG
CALL: 417-864-6199
**APPLICANT INFORMATION**

(APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY)

Senior Center Name: ________________________________________________________________

EIN# ________________________

Mailing Address: ______________________________________________________________________

________________________________________________________________________

Contact Person at Center: _______________________________________________________

Title: ____________________________________

Phone Number: (_________)_____________________________________________________________

Email Address: ______________________________________________________________________

Legal Status:  Proprietary _____  Not-for-Profit _____  Tax Exempt 501 (C) 3 _____

**HISTORY AND OPERATIONS OF ORGANIZATION:**

How long has the Organization/Center been in operation?______________________________

How many seniors participate in your services annually?

(please include all services, not just meals)

_____________________________________________________________________________

Has your organization requested funding from Senior Foundation of the Ozarks in the past?  Y  N

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Please list the amount and purpose of each grant given within the past 5 years:

_____________________________________________________________________________

_____________________________________________________________________________
PROGRAM OR PROJECT BEING PRESENTED FOR FUNDING:

Describe the program/project being proposed:__________________________________________________________________________________________
__________________________________________________________________________________________

Why is this program/project needed?
__________________________________________________________________________________________
__________________________________________________________________________________________

What benefits or positive outcomes will this program/project generate?
__________________________________________________________________________________________

Special needs or geographic area to be served by this project/program:
__________________________________________________________________________________________

FUNDING INFORMATION

List sources and amounts for all other funding successfully raised for this project:
__________________________________________________________________________________________

List other foundation/organizations/donors who have been contacted for funds:
__________________________________________________________________________________________
__________________________________________________________________________________________

Is the project/program already in place or operational?  Yes  No

Total cost of program/project:  $_____________________________________________________

AMOUNT REQUESTED  $____________________________

The information provided on this application is accurate as of the date below:

__________________________________________________________  ______________________
Signature and Title                 Date