

Application Deadline: Friday, September 19, 2025 5:00pm **Minimum Award:** \$5,000 **Maximum Award:** \$35,000

The City of Evansville has established the Forward Together Grant Fund in the amount of \$500,000 to support eligible nonprofit organizations who lead meaningful work in the following areas that help strengthen neighborhoods and provide pathways out of poverty for city residents. This funding, made possible through interest earned on American Rescue Plan Act (ARPA) funds, will support efforts in the way of:

- -Weatherization
- -Food Access
- -Homeless Services
- -Literacy Initiatives

The following requirements must be met for consideration:

- 1. Must be a City of Evansville based organization or provide direct services to City of Evansville residents.
- 2. Must be a registered 501(c)(3) organization with a Board of Directors.
- 3. Eligible uses of funds include payroll and benefit costs, utilities, rent, insurance, and other operating costs. For project-specific applications, supplies and materials necessary to carry out the project may also be purchased. These costs must be clearly detailed in an itemized budget submitted with the application.

Some supporting documents are not required for initial review but may strengthen the application. However, applications missing required documents and without explanation will not be scored or considered for funding.

Submission of an application does not guarantee funding. All applications will be reviewed equitably by a committee appointed by the Mayor. Final funding decisions are at the sole discretion of the City.

Submit completed applications to:

Ariah Leary, Community Affairs & Special Projects Director Email: aleary@evansville.in.gov Phone: (812) 436-4969

For questions or additional information, please contact Ariah by email or phone.

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| Organization Name: | |
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| Physical Address: | |
| Mailing Address: | |
| Primary Contact Name: | |
| Primary Contact Title: | |
| Phone: | |
| Email: | |
| Alternate Contact Name: | |
| Alternate Contact Title: | |
| Phone: | |
| Website (if available): | |
| EIN or UEI Number: | |
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| Eligibility 1. Describe your organization | 's mission and history. <i>Who do you serve, and how?</i> |
| | 's mission and history. Who do you serve, and how? |
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| | grant cycle is focused on the following four community priorities. Please check the areas ork addresses: (You may select more than one.) | | | | |
|---------------|---|--|--|--|--|
| | Weatherization (e.g., home repairs, energy efficiency, reducing utility burden for low-income households) | | | | |
| | Food Access (e.g., food pantries, community gardens, meal delivery, nutrition education) Homelessness (e.g., shelter, outreach, housing stability programs, transitional services) Literacy | | | | |
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| | (e.g., on-grade-level reading by third grade, reading programs, book access, family engagement) | | | | |
| <u>Capaci</u> | | | | | |
| 1. | Project or Program Title: | | | | |
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| 2. | Amount Requested: (Max: \$35,000) | | | | |
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| 3. | Type of Request: General Operating Support | | | | |
| | ☐ Specific Program or Project | | | | |
| | What issue does this funding help address, and why is it important to Evansville residents? | | | | |
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| 5. | when? Who will lead the work? |
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<u>Impact</u>

| 1. | How many Evansville residents do you expect to serve through this grant? Estimated number: | |
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| 2. | How will you measure success? Share what outcomes you hope to achieve you'll track them. | and how |
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| 3. | Are you partnering with any other organizations? If yes, list the partners and explain their roles: | d briefly |
| 3. | | d briefly |
| 3. | explain their roles: | d briefly |
| 3. | explain their roles: Yes | d briefly |
| 3. | explain their roles: Yes | d briefly |
| 3. | explain their roles: Yes | d briefly |
| 3. | explain their roles: Yes | d briefly |
| 3. | explain their roles: Yes | d briefly |
| 3. | explain their roles: Yes | d briefly |
| 3. | explain their roles: Yes | d briefly |

Fiscal Management & Sustainability

| 1 | Briefly describe how the funding will be used? (Please save specific breakdown for attached itemized budget). | | | | |
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| 2. | Do you have other sources of funding for this project? If yes, list sources and amounts (including donations, in-kind support, or other grants): Yes No |
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| 3. | Describe how your organization manages finances and prevents fraud or mismanagement. Include key internal controls and how you will track this funding separately for reporting and auditing. |
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| 3. | mismanagement. Include key internal controls and how you will track this funding |

Document Attachment Checklist

Only select documents are required for initial review. Applications missing required items without an explanation will not be scored or considered for funding.

Please confirm that your application includes the following documents, clearly labeled and submitted in the order listed. If a document is not included, provide a brief explanation.

| Document | Required | Attached | If Not Attached, Provide Explanation |
|---|------------------------|----------|--------------------------------------|
| W-9 | Yes | | _ |
| 501(c)(3) IRS Determination Letter | Yes | | - |
| Current Operating Budget | Yes | | _ |
| Project-Specific Budget (If not requesting general operating support) | Yes (If applicable) | | _ |
| Current List of Board of Directors | Yes | | _ |
| Most Recent Profit & Loss Statement | Yes | | _ |
| Last Audited Financial Statement | No | | |
| Annual Report | No | | |