**CENTRE COUNTY COUNCIL FOR HUMAN SERVICES**

**2024**

**Robert T. Ott Seed Grant Application Cover Sheet**

**\*Please do not alter this form in any way.**

**Name and mailing address of agency/organization:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name, Address, E-mail Address, and Phone Number of contact person:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone# Email Address**

**The undersigned certifies that all services will be available without regard to religious creed, race, color, age, ancestry, national origin, gender, socio-economic status, or disability.**

**The undersigned further agrees that all funds will be expended within one year of receipt and agrees to refund unexpended funds at that time, unless a specific extension has been applied for and granted by the Seed Grant Committee. Also, if this agency is awarded a Seed Grant, a written report, including a description of how the money was expended and the details and results of the project will be submitted to the Chair of the Seed Grant Committee at the conclusion of the project for publication in the CCCHS Newsletter.**

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**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title**

**Submission Checklist**

**Remember to submit before midnight, September 30, 2024.**

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| * Applicant is a CCCHS Member in good standing (holds a current 2024 membership) or has provided a sponsor letter |  |  |
| **Narrative:** |  |  |
| * Description of the program, activity, or initiative |  |  |
| * Description of the community need and how this need will be met |  |  |
| * A projected time frame for start-up and completion |  |  |
| * Will funds, programming, or services provide **direct service** or have **community impact**? |  |  |

Estimation of the number of people to be served. (write number) \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Budget & Finance Information:** | YES | NO |
| * A projected budget for the proposed project * If the money being requested is only a portion of the funds   needed for this project, describe how the remaining funds will be obtained |  |  |
| * Annual Budget information for organization (Audit information is not necessary) |  |  |
| * Certification of not-for-profit status or tax-exempt number |  |  |

Is this start-up funding, expansion funding, or one-year project funding? (circle answer)