



FULTON COUNTY
**COMMUNITY
 FOUNDATION**
 A FUND AFFILIATE OF NICF

2017 Community Support Grants:

Fulton County Community Foundation

715 Main Street, P.O. Box 807

Rochester, Indiana 46975

(574) 223.2227 | Toll Free (877) 432.6423

COMMUNITY SUPPORT GRANT APPLICATION

for smaller grant requests

Organization Name: KEWANNA H.E.A.R.T Federal ID #: 35-208-4357
 Director of Organization: JEFFREY FINKE Phone: 574-653-2055
 Organization Mailing Address: 413 N. EAST STREET P.O. BOX 96 Email: lukesproducts@embatgmail.com
KEWANNA, IN. 46939 (FEST. OFFICE) Fax: 574-653-2055

Type of organization (please check):

501 (c) (3) - Attach a copy of the IRS determination letter. Governmental Entity Other: _____

Director Signature: [Signature] Date: 4-26-17

Board Officer Signature: [Signature: Thomas Mate] Date: 4-26-17

(a person other than the person signing above)

Name and title of person making application: THOMAS MATE FESTIVAL CHAIR Phone: 574-653-2055

Please specify the amount of your request: \$6500.00

Brief summary of your request:

1. Overview of organization:

(a) Establishment date and brief history.

OCT. 2005 HALLOWEEN FESTIVAL

SEPT. 2006 CHANGED TO FALL FESTIVAL AND MOVED THE DATE TO LAST WEEKEND IN SEPT. TO BETTER SUPPORT THE NEEDS OF THE COMMUNITY

SEPT. 2009 EXTENDED FESTIVAL MIDWAY INTO THE PARK TO INCREASE PUBLIC AWARENESS OF THE PAVILION FUNDED BY THE COMMUNITY FOUNDATION AND ALL THE OTHER BEAUTIFUL THINGS THE PARK OFFERS.

(b) Principal services, purposes, and mission.

EDUCATION - "TRIBUTE TO HOME TOWN HEROES" PARADE & FESTIVAL THEME TEACHES CHILDREN THERE ARE ROLL MODELS AND HEROES IN THEIR TOWN NOT ONLY ON T.V. & C

CIVIC EDUCATION CREATES LOVE & PRIDE FOR THE COMMUNITY BECAUSE YOU CAN'T LOVE & RESPECT A COMMUNITY YOU KNOW NOTHING ABOUT

ENTERTAINMENT A WEEKEND OF FAMILY ENTERTAINMENT FOR ALL TO ENJOY REGARDLESS OF ECONOMIC STATUS

(c) What population (age, geography, income level, other) does your organization serve?

AGE - ALL AGES - ALL FAMILY ENTERTAINMENT

GEOGRAPHY - THE PURPOSE IS TO BENEFIT ALL RESIDENTS OF KEWANNA AND FULTON COUNTY BUT IT IS NOT LIMITED TO JUST LOCAL PEOPLE WE ENCOURGE NEIGHBORING COUNTIES AND STATES TO VISIT, AND ENJOY AND LEARN THAT KEWANNA AND FULTON COUNTY IS A GREAT PLACE TO LIVE

INCOME

(d)

Corporate ownership and formal affiliations. GOAL IS TO HAVE A FREE FESTIVAL SO ALL CAN ATTEND REGARDLESS OF ECONOMIC STATUS,

NONE

(e) Collaboration, partnerships, and joint ventures as it relates to this project.

KEWANNA H.E.A.R.T.

CORPORATE SPONSORS

FARMERS

INDIVIDUALS DONATIONS

VENDORS

2. Describe your project in more detail:

- (a) Explain or describe the need for the project/program for which you are seeking funding. Also: What sources of verification can you cite to verify this need? (i.e. statistics, regulations, surveys, etc.)

THE RECENT LIST OF THE WORST TOWNS IN INDIANA TO LIVE CREATES A GREATER NEED. THIS EVENT HAS COMMUNITY INVOLVEMENT CREATING PRIDE AND HELPS STOP THE APATHY AND DETERIORATION OF KEWANNA

- (b) Describe how this project/program will address the identified need. (This is an opportunity for you to explain how your program will work).

A COMMON GOAL WITH EDUCATION AND INVOLVEMENT IN A FESTIVAL THAT IS RATED IN THE TOP 50 IN THE STATE CREATES PRIDE IN THE COMMUNITY PROVIDING A MEANS TO HELP DEVELOP AND GROW.

- (c) Describe the organization's ability to carry out this project

THIS WILL BE THE 13TH YEAR. 2014 THE KEWANNA FALL FESTIVAL WAS 63RD IN ATTENDANCE FOR INDIANA FESTIVALS, LAST YEAR KEWANNA WAS IN THE TOP 50 AND FOR 2017 - GOALS TO INCREASE 10%.

- (d) Your proposed timeline.

SEPT. 29, 30 AND OCT 1, 2017

3. Please explain the expected benefits of this grant:

(a) How will you measure and assess the benefit and impact of your project? (i.e. A follow-up assessment, some benchmark by which you can chart your progress, etc.)

1. ATTENDANCE TOP 50 IN THE STATE OF INDIANA
2. COMMUNITY INVOLVEMENT
3. TOWN SPIRIT
4. VENDORS, ENTERTAINERS AND VISITORS

(b) Who will be served, benefited or impacted? Quantify.

KEWANNA AND FULTON COUNTY
TOP 50 LIST FOR STATE OF INDIANA - ATTENDANCE

(c) How will your organization benefit?

MORE INVOLVEMENT AND GROWTH IN THE COMMUNITY

4. If application is for a new service, pilot project, survey or study, explain the source of funds to carry on the project (if any will be needed) after any initial grant money is spent. Are there commitments or guarantees for these funds? If funded, do you plan to ask the Foundation for support for this project again?

KEWANNA NEEDS TO CONTINUE TO EDUCATE, BUILD PRIDE AND CONTINUE TO GROW. THE FESTIVAL ASSISTS IN THAT EFFORT. LAST YEAR THE FOOD PANTRY VOLUNTEERS WERE NAMED GRAND MARSHALS AND THE "HOMETOWN HEROES".

5. Are you aware of any other organizations providing similar services? If so, will you be collaborating with other organizations?

NO

6. Describe past and current efforts within the community to address the identified needs.

KEWANNA TOWN BOARD, FARMERS, BUSINESS, CHURCHES AND FRATERNAL ORGANIZATIONS ALONG WITH RESIDENTS PROVIDING TIME, TALENT, MATERIAL AND MONEY

7. What public relations methods will be used to communicate to your donors/members/supporters any grant support you receive from the Foundation?

RADIO, TV, NEWSPAPER AND FESTIVAL GUIDES, SCHEDULES POSTERS AND BANNERS

8. Do you have any legal issues associated with the project? If yes, briefly explain.

NONE - KEWANNA, COUNTY, STATE AND FEDERAL LAWS AND ORDINANCES ALL IN COMPLIANCE. WE HAVE INDIANE STATE DEPT. OF HOMELAND SECURITY PERMIT # AE2523193 AND DEVELOPED KEWANNA FALL FESTIVAL EMERGENCY EVACUATION PLAN.

SUMMARY OF HOW THIS PROJECT (ACTIVITY) WILL BE FINANCED

Note: We place a lower priority on projects where Fulton County Community Foundation is the sole funder.

| 1. Source of Funds | Amount | % of Total Project |
|--|-----------------------|--------------------|
| From federal, state, city or county government (specify) | | |
| <u>KEWANNA - WATER, ELEC, INS.</u> | <u>1,500</u> | <u>4.0</u> |
| From other foundations (specify if these are secured or pending) | | |
| <u>NIPSCO (PENDING)</u> | <u>5,000</u> | <u>13.5</u> |
| <u>REMC (PENDING)</u> | <u>2,500</u> | <u>6.5</u> |
| Public contributions or donations | <u>5,000</u> | <u>13.5</u> |
| Loans | <u>0</u> | <u>0</u> |
| Your organization's contributions <u>FUND RAISERS</u> | <u>2,000</u> | <u>5.5</u> |
| Other sources: <u>VENDORS</u> | <u>3,375</u> | <u>9.0</u> |
| <u>SPONSORS</u> | <u>12,000</u> | <u>32.0</u> |
| Requested from Community Foundation | <u>6,500</u> | <u>16.0</u> |
| TOTAL SOURCES OF FUNDS | <u>37,875</u> \$ 0.00 | <u>100%</u> 0 |

2. Project/Activity Expenses: How the project money will be spent.

- Please place an * next to the items for which you are requesting funding from the Community Foundation.
- Also list items from top to bottom in order of importance to the success of the project.

| Item | Amount | % of Total Project |
|---|-----------------------|--------------------|
| <u>CIRCUS & HORSE PULL</u> | <u>8,000</u> | <u>21%</u> |
| <u>ENTERTAINMENT</u> | <u>8,000</u> | <u>21</u> |
| <u>ADVERTISING</u> | <u>5,000</u> | <u>13</u> |
| <u>EQUIPMENT RENTAL</u> | <u>7,200</u> | <u>19</u> |
| <u>WEB SITE & ELEC EXPANSION</u> | <u>8,000</u> | <u>21</u> |
| <u>INSURANCE & UTILITIES</u> | <u>1,675</u> | <u>5</u> |
| TOTAL PROJECT/ACTIVITY EXPENSES: | <u>37,875</u> \$ 0.00 | <u>100%</u> 0 |

Attach copies of best estimates, contractor proposals or any information that will help the committee understand your project. (one copy)

3. Additional Information

- Please list other organizations where you have applied for funding: NIPSCO
KEWANNA UNION TOWNSHIP
- Have you used the "Grant Station" computer and software at the Rochester branch of the Fulton County Community Library? Yes No If yes, what did you learn from you queries? _____
- Did you qualify for any grants through Grant Station? Yes No
- If the Community Foundation is unable to provide your organization with full funding, will you still be able to provide this service or complete the project? Yes No (check appropriate response)

REQUIRED ATTACHMENTS:

RESTRICTED

- If your organization is a 501 (c) (3), attach a copy of your IRS Determination letter. (1 copy)
- List of names and addresses of your board of directors and staff if applicable. If you do not have a board or staff, please attach a list of names and addresses of members of your organization. (1 copy)
- Copy of your organization's operating budget and copy of your program/project budget, only if applicable. (1 copy)