

Athens County Foundation (ACF) Fall 2026 Grant Cycle

Athens County Foundation

Applicant Organization Information

Before starting your application, please review ACF's [Eligibility Requirements](#) and [Grant Application Walkthrough](#).

For applicants with a fiscal sponsor, this section refers to the fiscal sponsor.

Primary Organization Name*

As it appears in your IRS documents.

Character Limit: 250

Briefly describe your mission

Character Limit: 3000

Website

Character Limit: 2000

Organization type*

Choices

501c3 organization

Nonprofit by statute (government agency, state university, public schools, etc.)

Church (by definition)

Who are you applying for?*

Choices

No one else. I'm applying for my organization.

My organization is acting as fiscal sponsor for a group/project.

My organization is applying on behalf of a collaborative.

Is this your first time applying to the Athens County Foundation?*

Choices

Yes

No

Public Impact*

Share a recent example of your organization's impact. You may write a brief response below, or upload/share links to an existing report or article (e.g., annual report, program report, annual

meeting article).

If your work is still in its early stages and outcomes are not yet available, share early signs of progress, community feedback, key learnings, or other indicators of the public value of your work.

Character Limit: 5000 | File Size Limit: 2 MB

Follow-up: Returning Applicant

Was your last application to ACF submitted before October 1, 2020?*

Choices

Yes

No

Since your last application to ACF, have you lost your 501(c)(3) status?*

Choices

Yes

No

If yes, please explain the reason:

Character Limit: 1000

Follow-up: New/Pre-2020 Applicants

IRS Determination Letter

Required for first-time nonprofit (501c3) applicants

File Size Limit: 1 MB

Funding Model*

Briefly describe how your organization is currently funded, including any significant grants or other sources of support.

Character Limit: 10000

Your Partners*

Please list any community or organization partners you regularly work with.

Character Limit: 5000

Sponsored Group/Project Information

Name of Sponsored Group or Project*

examples: ABC School District PTO, ABC neighborhood project committee

Character Limit: 250

Reason for the use of fiscal sponsor*

Choices

Group/project is a one-time initiative and will dissolve upon completion of the project.

Group/project has yet to apply for 501c3 status.

Group/project has applied for 501c3 status but has not received IRS ruling as of application date.

Group/project is a 501c3 organization, but needs administrative support to manage grants.

Reason not listed.

Brief description of the fiscally sponsored group/project*

Character Limit: 5000

Fiscal Sponsor Agreement Letter or Contract*

File Size Limit: 2 MB

Contact Person of Fiscally Sponsored Group or Project

Full Name*

Character Limit: 50

Position/Title

Character Limit: 100

Email Address*

Character Limit: 50

Mailing Address*

Character Limit: 100

City*

Character Limit: 30

State*

Character Limit: 2

Zip Code*

Character Limit: 10

Organizational Capacity

Operating Budget*

Please select the range that best describes your total annual expenses for your most recently completed fiscal year.

Character Limit: 100

Choices

990-N or no expenses reported

Up to \$100K

\$100K-\$250K

\$250K-\$500K

\$500K-\$1M

\$1M-\$5M

\$5M-\$10M

Greater than \$10M

Fiscal Year Start Date

Character Limit: 25

Fiscal Year End Date

Character Limit: 25

Number of Employees

Enter the **average number of people** employed by your organization during each pay period over the past 24 months. Count each person on your payroll as one employee, regardless of the number of hours worked or whether they are permanent or temporary. If your organization has been operating for less than 24 months, use the average for the period you have been in operation.

Number of Full-time Employees*

Character Limit: 3

Number of Part-time Employee*

Character Limit: 3

How many board members are currently serving your organization?*

Character Limit: 3

Follow-up: Board Members

Are you currently in the process of recruiting or planning to add board members in the near future?

Choices

Yes

No

Grant Request

Basic Information

Proposal Title*

Character Limit: 250

Is this a new initiative, or are you seeking support for an ongoing effort?*

Choices

New

Continuing

Anticipated Start Date*

Character Limit: 10

Anticipated End Date*

Character Limit: 10

Location(s) of intended impact

For school-based programming, please select the local public school district where the project will have an impact.

If the impact is county-wide, select "Athens County."

Character Limit: 100

Choices

Athens County

Athens City

Nelsonville City

Albany

Amesville

Buchtel

Chauncey

Coolville

Glouster

Jacksonville
 Trimble
 Rome Twp.
 Alexander Local School District
 Athens City School District
 Federal Hocking Local School District
 Nelsonville-York City School District
 Trimble Local School District
 Others

What type of support are you seeking from ACF*

Select the option that best describes how you would like to use ACF funding (select all that apply):

- **General Operating Support:** funding to support your organization's day-to-day operations and mission (e.g., overhead cost, accounting, staff transportation)
- **Capacity Building:** Support to strengthen your organization's skills, systems, infrastructure, leadership, or long-term effectiveness. (e.g., technology acquisition, training, hiring consultants)
- **Project or Program Support:** Funding for a specific project, program, or community initiative.
- **Event Sponsorship:** Support for an event, gathering, or activity that engages the community. (e.g., festivals, exhibits, parties)
- **Seed or Innovation Funding:** Support to develop, test, or launch a new idea, approach, partnership, or initiative.
- **Capital Support:** Funding for facilities, equipment, renovations, or other significant physical assets.

Choices

General Operating Support
 Capacity Building
 Project or Program Support
 Event Sponsorship
 Seed or Innovation Funding
 Capital Support
 Other / Not Sure

Capital Campaign Disclosure*

Does this grant support all or a part of your organization's capital campaign?

Choices

Yes
 No

Proposal Narrative

Community/Context*

What need, opportunity, or aspiration will this grant address?

Character Limit: 5000

Community Connection*

How does this work reflect and respond to the community it is intended to benefit?

Please share how you understand the community's needs, opportunities, or interests and, where appropriate, how community members have informed, shaped, or participated in the work.

Character Limit: 5000

Approach*

What will you do with this grant, and why do you believe this approach makes sense for what you hope to accomplish?

Character Limit: 5000

Outcomes*

What changes or outcomes do you hope to see as a result of this grant?

Character Limit: 5000

Financials

Total Budget*

The total cost of running your entire initiative.

Character Limit: 20

Overall dollar value of resources secured to support proposed project*

Portion of your total budget that has been secured through other means.

Character Limit: 20

Amount Requested*

Portion of your total project budget that you are asking from the Foundation.

Character Limit: 20

Fund Purpose*

How will the grant funds **specifically** be used? What are the key expense items?

*Please list your itemized expenses or upload a project budget below. Looking for a template?
You may check ACF's sample budget form [here](#).*

Character Limit: 3000 | File Size Limit: 2 MB

Will partial funding be helpful?*

Depending on the availability of funding, we may only be able to support your request partially.

Choices

Yes

No

Partial Funding: Highest priority areas

If funded partially, what are the highest priority budget areas for your request?

Character Limit: 2000

Follow-up: Campaign

Campaign Description*

Tell us more about the purpose and goals of your campaign. What do you hope to achieve?

Character Limit: 5000 | File Size Limit: 2 MB

Campaign Start Date*

Character Limit: 10

Campaign End Date*

Character Limit: 10

Total Campaign Goal*

Character Limit: 20

Total Amount Raised*

**Dollars raised includes both those already received for the campaign and those formally pledged by donors and planned to be received by the end of the campaign.*

Character Limit: 20

Multi-Year Payment

Could ACF pay your grant request over multiple years?

Yes: *If approved, the grant will have a multi-year term, with the total grant amount divided evenly and paid annually over your proposed time period.*

No: *If approved, the grant will have a one-year term.*

Choices

Yes

No

Multi-Year Payment: Duration

If you answered yes above, how many years are you proposing? (max 5 years)

Character Limit: 1

Follow-up: Church

Who will this project serve?*

Choices

Only members of our congregation

The broader community

Follow-up: Church

If the project serves only your congregation, how does it provide broader community benefit?

Include any ways the project may engage or impact the wider community.

Character Limit: 2000

Optional Documents

You may upload additional documents to support your application, such as letters of support from partners or beneficiaries, strategic plans, recent annual reports, detailed project plans or timelines for the proposed project, purchase estimates, and any other relevant materials that enhance your proposal.

*Due to limited cloud storage, you may only upload a limited number of optional documents. We recommend combining multiple documents into a single file or uploading them in an online drive and listing the **public access link** below. If you're unable to upload your files using the fields below, please email them to shayne@athensfoundation.org.*

Link(s) to optional documents

Please enter each link on a separate line for clarity.

Character Limit: 5000

Optional Document 1

File Size Limit: 2 MB

Optional Document 2

File Size Limit: 2 MB

Optional Document 3

Please use this upload slot for files larger than 2 MiB.

File Size Limit: 5 MB

Submit

By clicking the Submit button below, you certify that all information provided in this form are true and accurate.
