



# Clara Fairbanks

## FOUNDATION

For the betterment of people in Vigo County

The Mission of the CLARA FAIRBANKS FOUNDATION, INC. is to enrich and enhance the quality of life in Vigo County, Indiana. Primary consideration for funding is projects that benefit disadvantaged women, children and families; Funding projects to sustain existing qualified philanthropic organizations through grants in the areas of human health and welfare, community development, education, the arts and religion.

1. CFFI does not favor start-up projects with a plan for long term funding.
2. The CFFI's commitment to a project is limited to a fixed period, usually a year. A Plan for future funding must be requested, unless the project is to be terminated by design.
3. CFFI does not favor funding 100% of the cost of a project. Other foundations, agencies or sponsors should pledge matching funds.
4. CFFI appreciates some type of visible recognition for its contributions, where applicable, to honor the memory of Clara Fairbanks.
5. An elaborate proposal is unnecessary! Please fill out the summary sheet, include a recent financial statement for the agency as a whole and a copy of the applicant's determination letter (IRS non-profit status) is required. *If a financial statement and IRS determination letter are not furnished; request for funding will not be approved.*
6. Please present all Project Summary Sheets and other required documents by September 30<sup>th</sup> for consideration for proposed distribution of funds by November 30<sup>th</sup> of this year.
7. CFFI will notify gift recipients in writing of amount of donation and date of distribution.

SEND COMPLETE PROPOSAL TO:

James D. Owen, President  
Clara Fairbanks Foundation, Inc.  
P.O. Box 2009  
Terre Haute, IN 47802-2009



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Project No. \_\_\_\_\_

Received \_\_\_\_/\_\_\_\_/\_\_\_\_

## CFFI PROJECT SUMMARY SHEET

NAME OF PROJECT: \_\_\_\_\_ \*

NAME OF SPONSORING AGENCY: \_\_\_\_\_ \*

CONTACT PERSON: \_\_\_\_\_ \*

ADDRESS: \_\_\_\_\_ \*

CITY: \_\_\_\_\_ \* STATE: \_\_\_\_ \* ZIP: \_\_\_\_\_ - \_\_\_\_\_ \*

PHONE: (\_\_\_\_) - \_\_\_\_\_ \* FAX: (\_\_\_\_) - \_\_\_\_\_ \*

E-MAIL: \_\_\_\_\_ \* T.I.N.: \_\_\_\_\_ \*

\* All items required.

BRIEF DESCRIPTION OF PROJECT (Attach additional sheets as necessary):

What pressing need will this project meet?

Is this a new project? \_\_\_\_\_

If not a new project, how was it previously funded?

How many women, children or families will be served by this project each year? \_\_\_\_\_

What will their ages be? \_\_\_\_\_

Will any criteria be applied to determine eligibility for participation in this project? \_\_\_\_\_

If so, please identify:

Time period to be covered by this project: \_\_\_\_\_

Total project budget: \_\_\_\_\_

Amount requested from CLARA FAIRBANKS FOUNDATION, INC. \$ \_\_\_\_\_

How will the balance of your budget be raised?

If this project is to run for more than one year, how will it be funded in the future?

What procedure will be followed in judging the success of this project?

*Thank you for your time in filling out these important questions. We look forward to serving you in the near future.*