

# Community Unity Grant Application

Deadline: November 04 2025 at 03:00 PM EST

## Applicant Contact Information

Please provide the following information regarding the person filling out this grant application.

Name \*

Title \*

Organization Name \*

Please enter your Employer Identification Number (EIN) for HCCF reference. \*

Organization Website \*

Mailing Address \*

City \*

County \*

State \*

Zip \*

Daytime Phone (The best number to reach you between 8am and 5pm) \*

Evening Phone (The best number to reach you after 5pm) \*

Email \*

## Project Information

Project Title \*

To better understand our focus, you may choose to review the [Executive Summary of our Community Unity](#) themed Community Leadership Grant to Lilly Endowment Inc.

Which Community Unity indicator does this project serve? \*

- Community Pride
- Inclusivity, Diversity, Equity, & Accessibility
- Volunteerism
- Voter Education and Engagement
- Other

Project Description \*

Project Website

Project Start Date \*

Clear

Project End Date

(use the same as Project Start Date if the project will be completed in one day) \*

Clear

Total Project Cost \*

\$  .

## Expenses Requested

### Total Amount Requested

Total Amount Requested \*

\$  .

Please explain the Total Requested Amount. If less than the Total Project Cost, how do you expect to make up the shortfall? \*

Min words required: 0 |

Max Number of Words: 300

**Please provide a narrative response to the following questions.**

Please describe the inspiration for the project. Why does your organization believe it should be completed? What is the need being met? Why now? \*

Min words required: 0 |

Max Number of Words: 300

Please describe the collaborative nature of this project. Does the project utilize volunteers and how? Who are you partnering with on this project and how? \*

Min words required: 0 |

Max Number of Words: 300

Please describe how this project will impact Hendricks County. Who will benefit from the completed project? Why should the Community Foundation fund this request? \*

Min words required: 0 |

Max Number of Words: 300

Please describe how you define success for this project and how you will measure it. \*

Min words required: 0 |

Max Number of Words: 300

Please describe the value your organization places on inclusivity, diversity, equity, and accessibility? How do your Board and staff reflect that value? \*

Min words required: 0 |

Max Number of Words: 300

**Attachments**

**Please use this section to attach additional and necessary information regarding this project.**

Attachment 1

Select File

No file selected

Maximum File Size: 10MB

No file attached

Attachment 2

Select File

No file selected

Maximum File Size: 10MB

No file attached

Attachment 3

Select File

No file selected

Maximum File Size: 10MB

No file attached

## Application Approval

This application must be approved by the Executive Director of the applicant organization. If you are the Executive Director, please complete the approval below. If your organization does not have paid staff, please have the Board President complete this approval.

Executive Director's First Name \*

Executive Director's Last Name \*

Executive Director's Email Address \*

Executive Director's Phone Number

## Submission

**If you have any questions, please contact Eric Hessel at the Hendricks County Community Community Foundation at [eric@hendrickscountycf.org](mailto:eric@hendrickscountycf.org) or 317.268.6240. Please note that the Community Foundation's hours are Monday through Friday 8am - 4:30pm. There is no guarantee to reach someone outside of those hours.**

**Thank you for the work you are doing in Hendricks County and for submitting this application for a Community Unity Grant. We look forward to reviewing your application!**