



INDIANA OFFICE OF  
**Community & Rural Affairs**



# **Place Based Investment Fund**

A competitive grant opportunity offered by

**Indiana Office of Community & Rural Affairs**

**and**

**Indiana Office of Tourism Development**

## **Grant Information & Application**

**Digital Applications Due:**

**Friday, December 4, 2015, by 5:00pm EST**

Indiana Office of Community and Rural Affairs (OCRA)

One North Capitol Ave., Ste 600

Attention: Corrie Scott

Indianapolis, IN 46204

[coscott@ocra.in.gov](mailto:coscott@ocra.in.gov)

## **About the Program**

The Place Based Investment Fund (PBIF) is a competitive grant opportunity for Indiana communities. It is a partnership between the Indiana Office of Community and Rural Affairs (OCRA) and the Indiana Office of Tourism Development (IOTD). The fund is dedicated to encouraging community partnerships as they work together to make their hometowns become even greater places to visit, live, and work.

A vibrant economy requires a talented workforce that chooses to invest by living in communities that have the qualities of place that are attractive to them. Communities that prioritize attraction and retention of people as part of their economic development strategy are positioned for growth.

## **Eligibility**

Targets of investments from this fund are unique projects that add to qualities of place that are attractive to residents and visitors alike. Competitive projects will be multi-purpose, non-traditional, crowd-building venues, or unique gathering places that significantly enhance existing assets into distinctive and special places for a community.

An eligible community will not have been awarded Place Based Investment Fund grant dollars within three calendar years. Eligible applicants are a partnership of at least two of the following: local units of government, economic development organizations, convention and visitor bureaus, Indiana Main Street organizations, public or private schools, and community foundations. The most competitive projects will demonstrate significant collaboration and shared investment among these primary partners as well as additional partners. Bonus points will be awarded for engaging youth in the design and implementation of the project.

### **Examples of ineligible projects include but are not limited to:**

- Restroom facilities
- Visitors Center
- Traditional visitor's collateral (brochures, rack cards, guidebooks, etc.)
- Operational expenses
- Salaries
- Funding to purchase facilities
- Wi-Fi
- Way finding signage
- Splash Pads or community pools

## **Funding**

A total of \$500,000 is available in 2015 for grant requests between \$20,000 and \$50,000. There is a 1 : 1.5 local match requirement. For each PBIF dollar requested, the match must be one and one half dollars. Of that, at least one dollar must be cash while the balance can be certain in-kind contributions. A higher ratio of match - up to 1:3 - will receive up to five percentage bonus points in scoring.

### **Example of Cash Match**

PBIF Grant	Local Cash Match	Local In-Kind Match	Total Project
\$25,000	\$25,000	\$12,500	\$62,500

***At least two of the partners must contribute significantly to the local match, though it is not necessary that the match be shared equally.***

Federal and other state funds may not be used as local match.

The commitment of local match requires a letter from the contributing organization on their letterhead signed by the chief executive or chief financial officer. The letter must state the amount contributed, that the funds are available at the time of the application, and are committed for the entire grant period. For in-kind match, provide a similar letter that describes what is being contributed, the value of the contribution, and any calculations justifying that value.

Selected grantees will be permitted to utilize the funds for the duration of the project period according to the start and end dates identified in the grant agreement, but cannot exceed 18 months. Grant funds may only be utilized to cover eligible costs associated with the execution of the project as outlined in the grant agreement.

### **Examples of eligible in-kind costs to be used for local match include but are not limited to:**

During the 18 month project period:

- Volunteer hours tracked at \$10 an hour for labor and \$25 an hour for professional services. These must be directly related to the execution of the PBIF project
- Grant administration expenses capped at 10% of the grant amount
- Site preparation and construction services
- Donated equipment related directly to the PBIF project
- Signage at the project site

Up to 18 months leading up to the grant application

- Paid studies, renderings, etc. specific to the proposed project
- Land acquisition at or below market rate for the proposed project

### **Examples of ineligible project costs for grant, and all matching funds include, but are not limited to:**

- Those associated with previous PBIF awards, including expansions of those projects
- Wages, salaries, and fringe benefits

- Administrative expenses, including grant administration
- Printing, copying, binding, etc.
- Traditional visitor collateral – i.e. brochures, rack cards, guidebooks
- Studies, research, planning, etc.
- Operational expenses, including rent, utilities, insurance, etc.
- Costs to supplant existing funds for an existing project or program (grant and matching funds must be for the implementation of or the clearly defined expansion of a project or program)
- Direct financial support to a business, individual, or organization

## **Timeline**

Completed PBIFF applications must be received by Friday, December 4, 2015. Recipients will be notified by January 6, 2016. In the application, please identify the person to be contacted with award announcement, and the best phone number to reach them. A press release will be issued the week of January 6, 2015. The project period will be eighteen months beginning with an executed grant agreement within 60 days of award notification.

## **Financial Reimbursement Procedures**

Upon receiving a fully executed grant agreement, the grantee may request up to 50% of the grant award. The remaining 50% may be claimed upon completion of the project. All reports outlined in the grant agreement, including financial, must be received satisfactorily before the final claim will be paid. The grantee will be expected to maintain supporting documentation of grant expenditures, sufficient to enable an audit by the State of Indiana and for monitoring by OCRA and as outlined in the grant agreement.

All records should be maintained for three years beyond the receipt of the final payment for the project. OCRA may monitor these records at any time throughout the duration of the project and the records retention period.

## **How to Apply**

Electronic applications are to be submitted online or via a clearly labeled flash drive or CD.

**For online applications, please contact Corrie Scott [coscott@ocra.in.gov](mailto:coscott@ocra.in.gov) at least one week before submission to email your application, receive a link to upload the application, or for mailing instructions for the flash drive or CD.**

Once your application is submitted, you will receive a confirmation email within 48 hours. Your application is not valid without this confirmation. **Pre-application submission questions should be directed to your [OCRA Community Liaison](#) or go to [www.ocra.in.gov](http://www.ocra.in.gov) for the PBIFF FAQ.**

Note: Please submit your application as a single PDF document if possible. If you are submitting multiple documents as part of your application, please clearly label each section.

# **Application Instructions**

Each application shall adhere to the following formatting requirements and must address each of the items stated below. Application must be typed, single sided, numbered pages, one-inch margin, double-spaced; and the font should be 12 point Times New Roman. Please do not use acronyms in the proposal. Although there is no page limit, the proposal should be succinct.

## **1. Lead Applicant Coversheet**

Use the form titled *Form 1* as the first page of the grant application. This is the only form that will be accepted as your cover sheet. SIGN IN BLUE INK ONLY.

This form should clearly identify the cash amount of the grant you are requesting.

## **2. Table of Contents**

Provide a clear table of contents immediately following *Form 1*.

## **3. Partner Coversheet**

Complete *Form 2* for each organization that will assume an active role in the project. This section must be complete to qualify as a project partner. Be specific about the participation and contribution of each partner. If you are partnering with a for-profit entity, specifically include details as to how they will not solely benefit from this project.

## **4. Executive Summary**

Provide a one-page summary that outlines the partnership, project need, project scope, and sustainability plan.

## **5. Community Need**

A. Identify the need that the project will address, the area to be served, and who will benefit from the project.

B. Identify any efforts in the community, county, or region that have been or are being taken to address these needs.

C. Identify if the proposed project is part of any prior planning (e.g. comprehensive plan, downtown revitalization plan, tourism development plan, economic development plan, etc.)

D. Describe how the proposed project relates to current efforts, improves upon, adds value to, or completes the next step.

E. Include letters of support from local or regional entities that will benefit, explaining their interest in the potential project. Include the letters as *Attachment A*.

F. Describe efforts to gather public input and support for the project. Document input methods such as surveys, public meetings, etc. If you refer to these during your application you must include the documentation as *Attachment B* and include as the final page(s) of this section.

## **6. Program Description**

A. Provide a detailed description of each component of the project. This section should provide a clear, sequential description of the project. If construction of any kind is included it must be clearly defined. For example, 27 linear feet of asphalt for side walk, 4 park benches, etc. Also the cost for each item should be broken down. For example (7) park benches at \$250.00 each.

B. Identify whether the project is new or an expansion. If the project is an expansion of a current program, be very specific about what is currently being done, the sustainability of the current project, and what the expansion will be.

C. Identify the partner organizations involved in the planning process and their role in the implementation of the project. Provide a detailed description of their roles as well as the resources they will contribute.

D. Explain how the project's services will be publicized, if appropriate. Explain how you will engage the community and document their buy-in.

E. Provide a detailed timeline for the project. Indicate the organization and/or persons responsible for each item, and include the completion date.

F. Include project area map identifying proposed project along with prior and future related projects. Also include photographs of the project area and any related conceptual drawings.

### **7. Staffing and Management**

A. Describe the staffing needs of the program and staff qualifications. Provide a job description for any position that will participate in this project, and if already identified, the resume of the person who will be filling the position. Include job descriptions and resumes as *Attachment C* and include as the final page(s) of this section.

B. Complete *Form 3*, the Management Review Form.

C. Describe the lead applicant's experience and ability to implement the proposed project. Identify previous accomplishments the applicant has related to this area and any previous grant administration.

### **8. Outcomes and Benchmarks**

A. Clearly identify the benchmark measures for your project on *Form 4* and the activities that will be undertaken to achieve them. Then identify the anticipated impact of the project on the community.

B. As you complete *Form 4*, note you will be reporting the results of your benchmark measures each reporting cycle if your project is funded. The results recorded on *Form 4* each cycle will serve as a measurement of impact and achievement in your community.

### **9. Evaluation**

Identify your strategies for measuring successful achievement of the benchmarks stated in the proposal, the information that will be tracked, and the tracking format. Submit the format to track the information as *Attachment D* and include as the final page(s) of this section.

### **10. Sustainability**

A. Describe in detail how the project will be sustained beyond the initial funding period. Identify efforts, funding, and plans that have been made for future sustainability and any partner involved.

B. Describe in detail how additional initiatives will build on the project. Identify efforts, funding, and plans for complimentary projects.

C. Describe in detail plans for building momentum around the project through publicizing of project success and related efforts.

D. Identify leadership capacity moving forward to sustain initiative. Identify succession planning for current leadership team.

E. Describe in detail previous and future youth engagement on the project. Identify efforts to engage and educate youth in the community on the initiative.

### **11. Budget**

A. A budget narrative needs to be included that clarifies the proposed use of the funds.

B. Submit *Form 5*, the Grant Budget Summary form.

C. Include a detailed line item budget.

D. *Form 6*, the Table of Matching Funds, must be completed and include all sources of match.

E. Include letters of commitment for match contributions from all sources on the contributing organization's letterhead and clearly state the amount of the contribution for the entire 18 month period. The letter should be signed by the chief executive officer or chief financial officer, and certify that the match is available at the time of application. Include the letters as *Attachment D*.

F. When developing the project budget, be sure to identify any other grant funds and any restrictions on their use.

### **13. Vendor Forms**

Complete *Forms 7 and 8*; these are the required documents to conduct business with the state.

### **14. Application Checklist**

Complete *Form 9*, Application Check List. This will serve as the last page of the grant proposal.

# Place Based Investment Fund

Coversheet must be submitted with proposal.

Lead Applicant: \_\_\_\_\_

**This person will be the main point of contact for the announcement. EVERY EFFORT IS MADE TO CONTACT ALL FUNDED PROJECTS FIRST BY PHONE BEFORE A PRESS RELEASE IS ISSUED.**

Contact person/title: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: (Cell): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Legal Status:  City  Town  County  Nonprofit Corporation

Project Coordinator: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Project (select one)  New  Expansion of an Existing Program

Amount Requested from OCRA \$ \_\_\_\_\_

Amount of Cash Match \$ \_\_\_\_\_

Amount of In-Kind Match \$ \_\_\_\_\_

Total Budget: \$ \_\_\_\_\_

Community Liaison Name: \_\_\_\_\_

For the Lead Applicant to Identify:

Indiana State Senator: \_\_\_\_\_

Indiana State Representative: \_\_\_\_\_

List the Counties to be served by the Project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

UPON SIGNING THIS REQUEST I AM CERTIFYING THAT APPLICANT IS NOT IN VIOLATION OF ANY STATE OR FEDERAL LAW, OR MUNICIPAL ORDINANCES AS OF THIS DATE. NO MONEY IS DUE AND PAYABLE TO ANY MUNICIPAL, COUNTY, STATE OR U.S. GOVERNMENTAL AGENCY OR DEPARTMENT, NOR DOES THE APPLICANT HAVE LIENS OR POTENTIAL LIENS WHICH COULD JEOPARDIZE THE COMPLETION OF THIS PROJECT.

\_\_\_\_\_  
Signature of Chief Official

\_\_\_\_\_  
Official's Title

\_\_\_\_\_  
Date

**Form 2: Partner Coversheet/Participation Agreement**

**Place Based Investment Fund**

Partner Coversheet must be completed for all partners in order to be considered a partner

Clearly indicate any and all organizations which will be involved in the project and their role. This section should define any contribution and the amount. If an individual is contributing to the project and is not a part of an organization they should also fill out this form.

Partner Name/Organization \_\_\_\_\_

Contact person/title: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Legal Status:  City  Town  County  Nonprofit Corporation

Thoroughly identify the role of the organization's involvement in this project. Explain partner roles as partners must contribute either financially, with in-kind, or as a documented planning or advisory partner for the project. **This section must be completed to qualify as a project partner.** Additional documentation for this question should be attached.

Clearly indicate the partnership role and if it is in-kind or financial involvement. Be sure to include all partnership contribution in the Budget Narrative and in the Table of Matching Funds.

UPON SIGNING THIS REQUEST I AM CERTIFYING THAT APPLICANT IS NOT IN VIOLATION OF ANY STATE OR FEDERAL LAW, OR MUNICIPAL ORDINANCES AS OF THIS DATE. NO MONEY IS DUE AND PAYABLE TO ANY MUNICIPAL, COUNTY, STATE OR U.S. GOVERNMENTAL AGENCY OR DEPARTMENT, NOR DOES THE APPLICANT HAVE LIENS OR POTENTIAL LIENS WHICH COULD JEOPARDIZE THE COMPLETION OF THIS PROJECT. ADDITIONALLY, THE IDENTIFIED ORGANIZATION CERTIFIES THAT IT IS AN ACTIVE PARTNER IN THE PROJECT AND WILL FULLFILL THE ROLE(S) IDENTIFIED ABOVE THROUGHOUT THE GRANT PERIOD.

\_\_\_\_\_  
Signature of Chief Official

\_\_\_\_\_  
Official's Title

\_\_\_\_\_  
Date

**Form 3: Management and Review Form**

**Management Review**

The following questions must be answered to determine the applicant's ability to manage and safeguard funds. The documents described on this form do not need to be submitted; however, they must be available for review by the state, either on-site or electronically, should a request be made. **This form should be completed for the lead applicant.**

1. Has your organization received funds from federal or other Indiana state agencies within the last five years? (circle one): YES/ NO

If YES, list the agency, date(s) of award, and the amount awarded. \_\_\_\_\_  
\_\_\_\_\_

2. Start date of your organization's fiscal year:  
\_\_\_\_\_

3. Date of last audit: \_\_\_\_\_

Were there material findings in the audit? (circle one): YES/ NO

If YES, were corrective actions taken? (circle one): YES/ NO

If NO, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Identify the type of accounting system of your organization (check one):  
 Cash       Accrual

5. Does your organization have written (circle one):

Accounting procedures?	YES/ NO
Personnel policies and procedures?	YES/ NO
Travel policies and procedures?	YES/ NO
Procurement procedures?	YES/ NO
Conflict of interest policy?	YES/ NO

5. Is your organization in good standing with the following (circle one):

State Board of Accounts?	YES/ NO/NA
Indiana Department of Revenue?	YES/ NO/NA
Indiana Secretary of State?	YES/ NO/NA

**Form 4: Management and Review Form**

**Scope of Work**

Clearly define the steps of the project and include any necessary related items.

**Scope of Work**

**Example:** The town of Middleville and the Theater Updates:

1. The owner of the theater deeds the theater to the Town of Middleville
2. Middleville obtains contract bids for the proposed updates and renovations
3. Contractors are selected
4. Restoration begins and includes upgrades to the sound system, updates to the stage addition of projection screen, and painting walls and structures.
5. Begin full campaign promoting volunteer opportunities and projected completion dates
6. Complete proposed work
7. Feature a lineup of uses and opportunities available for using the space
8. Open for use

**Form 5: Line Item Budget**



**Form 6: Table of Matching Funds**

**Table of Matching Fund**

*This form must be completed for all projects and documentation of financial commitments from all sources is required. Please note any in-kind or cash match contributed to the project on this form. Assure that all funds are included and have a partner coversheet attached.*

<b>Source of Project Funds</b>	<b>Cash Match</b>	<b>In-Kind Match</b>	<b>Total</b>
<b>Total Matching Funds</b>			

Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>															
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<b>or</b>															
<b>Employer identification number</b>															
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### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**AUTOMATED DIRECT DEPOSIT  
AUTHORIZATION AGREEMENT**

State Form 47551 (R5 / 4-14)  
Approved by State Board of Accounts, 2014  
Approved by Auditor of State, 2014

**Indiana law (I.C. 4-13-2-14.8) requires that YOU receive PAYMENT(S) by means of electronic transfer of funds.**

**This form must be accompanied by a W9.  
Please print clearly and legibly in blue or black ink.  
See Instructions on Reverse.**

**SECTION 1: AUTHORIZATION**

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

_____	_____
Printed Name (as shown on the account)	Federal Identification Number / Social Security Number
_____	_____
Address (Number and Street, and/or PO Box Number)	City, State, and ZIP Code (00000-0000)

**SECTION 2: FINANCIAL INSTITUTION'S APPROVAL**

- Add Deposit     Change Deposit (prior information: \_\_\_\_\_)
- Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.
- Type of Account:     Checking (Demand)     Savings

(You must either attach a non-altered, matching voided check or have your financial institution complete this section.)	
The financial institution identified below agrees to accept automated deposits under the terms set forth herein:	
Name of Financial Institution: _____	Telephone: (____) _____
Address: _____	_____
Number and Street, and/or P.O. Box Number	City, State, and ZIP Code (00000-0000)
_____, 20____	_____
Date (month, day)	Financial Institution's Authorized Signature / Title
_____	_____
ABA Transit-Routing Number	Account Number

**SECTION 3: ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS**

(Complete this section only if you are requesting electronic notification. You may provide up to four email addresses.)

I hereby request that all future notices of EFT deposits to the bank account specified above be sent to the following email addresses:

\_\_\_\_\_

\_\_\_\_\_

I agree to the provisions contained on the reverse side of this form.

NAME (print or type) \_\_\_\_\_ TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE (month, day, year) \_\_\_\_\_

**Form 9: Application Checklist**

**Application Checklist**  
*Please indicate the completion of each item*

\_\_\_ Application is typed and double-spaced, using 12-point Times New Roman font, and submitted in order listed below.

\_\_\_ **Lead Applicant Coversheet, Form 1**

\_\_\_ **Table of Contents**

\_\_\_ **Partner Coversheet, Form 2**

\_\_\_ **Executive Summary**

\_\_\_ **Community Need**

\_\_\_ Identifies area to be served and the beneficiaries of the project.

\_\_\_ Identifies community/county/regional efforts to address the issues.

\_\_\_ Identifies project's inclusion in prior planning.

\_\_\_ Identifies efforts to gather public input and support for the project.

\_\_\_ Defines project in qualitative and quantitative terms.

\_\_\_ One or more letter(s) of support from local or regional beneficiary included as *Attachment A*.

\_\_\_ Supporting documentation of public input if reference included as *Attachment B*.

\_\_\_ **Program Description**

\_\_\_ Project is logical, sequential, and clearly described in detail.

\_\_\_ Identifies whether project is new or an expansion.

\_\_\_ Explanation of current efforts, the sustainability of the current project, and the plans for expansion (if applicable).

\_\_\_ Identifies parties involved in the planning & implementation of the project.

\_\_\_ Explains how project will engage the community.

\_\_\_ Includes detailed timeline.

\_\_\_ Includes project area map identifying proposed project along with prior and future related projects.

\_\_\_ **Staffing and Management**

\_\_\_ Describes staffing needs and includes job descriptions and resumes as *Attachment C*.

\_\_\_ Completes Management Review, *Form 3*.

\_\_\_ Describes lead applicant's agency, previous grant administration experience, and qualifications to develop and implement the proposed project, including related accomplishments.

\_\_\_ **Evaluation**

\_\_\_ Strategies to document success and detailed methods for tracking.

\_\_\_ *Form 4*, Scope of Work, including projected outcomes.

\_\_\_ Forms for tracking progress are included as *Attachment D*.

\_\_\_ **Sustainability**

\_\_\_ Clear evidence and support for sustaining and maintaining project beyond initial funding period.

\_\_\_ Describes in detail how additional initiatives will build on the project along with the efforts, funding, and planning.

- \_\_\_\_\_ Describes in detail plans for building momentum around project through publicizing of project success and related efforts.
- \_\_\_\_\_ Identifies leadership capacity moving forward to sustain initiative and any succession planning for current leadership team.
- \_\_\_\_\_ Describes in detail previous and future youth engagement on the project. Identifies efforts to engage and educate youths in the community on the initiative
- \_\_\_\_\_ **Budget (must be included in this order)**
  - \_\_\_\_\_ Separate budget narrative with a cost per participant analysis.
  - \_\_\_\_\_ Complete Line Item Budget, *Form 5*.
  - \_\_\_\_\_ Complete Table of Matching Funds, *Form 6*.
  - \_\_\_\_\_ Letters of commitment for matching sources are included as *Attachment D*.
- \_\_\_\_\_ **Vendor Forms**
  - \_\_\_\_\_ Complete IRS W9 form, *Form 7*.
  - \_\_\_\_\_ Complete Direct Deposit Authorization, *Form 8*.
- \_\_\_\_\_ **Application Checklist**
  - \_\_\_\_\_ *Form 9*, the Application Checklist is complete and included.