

Frank L. and Laura L. Smock Foundation - Grant Application

Community Foundation of Greater Fort Wayne Grants

General Information

Name of requesting church, organization, or person*

Character Limit: 100

Grant Request*

Grant Request Categories (Please select the category below that describes your request)

- Individual member of an Indiana Presbyterian Church who is in need of assistance
- Churches and other organizations serving Indiana Presbyterians
- Programs that serve senior or needy Presbyterians in Indiana (e.g., senior programs, cluster ministries for needy Presbyterians, etc.)

Choices

Individual member of an Indiana Presbyterian Church who is in need of assistance

Churches and other organizations serving Indiana Presbyterians

Programs that serve senior or needy Presbyterians in Indiana

Address of requesting party/benefactor of grant*

Character Limit: 250

For Individuals:

Is this the applicant's home address?

If not, please enter the home address below.

Choices

Yes

No

Home address

Please put the applicant's home address if you selected no for the previous question.

Character Limit: 250

Email address of requesting party*

Character Limit: 254

Phone number*

Please list the best phone number to be reached at.

Character Limit: 250

Organization/Program Need

Tax ID for requesting party/benefactor*

Character Limit: 15

Amount requested*

Character Limit: 20

Need*

Briefly describe the need for a grant (cover letter must include details and bids as required by guidelines).

You may type your response below or upload a file. File types allowed: doc, docx, pdf, jpeg, jpg, xlsx

Character Limit: 5000 | File Size Limit: 1 MB

Individual Need

Applicant's Date of Birth*

Character Limit: 10

U.S. Citizen*

Is the applicant a U.S. Citizen?

Choices

Yes

No

Indiana resident*

Is the applicant an Indiana resident?

Choices

Yes

No

Presbyterian Church affiliation*

Please list the applicant's Presbyterian Church affiliation.

Character Limit: 250

Number of years a Presbyterian member*

Character Limit: 3

Name of Nursing Home, Assisted Living, Memory Unit or Home Health Care organization, if applicable

Character Limit: 250

Is this organization Medicaid approved?

Choices

Yes

No

Address of organization

Character Limit: 250

Phone number of organization

Character Limit: 15

Applicant's family members*

Please list spouse name (indicate living/deceased), age, and address.

If none, please type N/A.

Character Limit: 250

List of Assets and Liabilities

*If application is **NOT** for nursing home, assisted living, memory unit, or home health care, please skip this section.*

Assets

Please indicate whose name the asset is in (listed below) and the total value of each.

- Cash (savings and checking)

Character Limit: 5000

Liabilities

Please list all unpaid debts and obligations.

Character Limit: 5000

Monthly Income and Expenses

Please complete this section for all applications.

Monthly income*

Include social security.

If N/A, please enter 0 (zero).

Character Limit: 20

Monthly Expenses*

Please include housing, utilities, food, medical, misc.

If N/A, please enter 0 (zero).

Character Limit: 20

Request Information

Amount of Request from the Smock Foundation (please indicate if monthly or one-time payment)*

Character Limit: 20

Applicant's Social Security Number or Tax ID*

Character Limit: 30

Assistance*

Is this application being completed by a person requesting assistance?

Choices

Yes

No

If no, who is completing the form and what is the relationship to the applicant?

(family member, pastor, friend, etc)

Character Limit: 250

Need for financial assistance*

(for example, home assistance, medical needs or equipment, etc).

Please include estimates from medical providers, nursing homes or assisted living, home health care providers medical equipment or essential home repairs. Upload files if necessary at the end of this application.

Character Limit: 500

Additional File Upload If Needed

Additional File Upload #1

File Size Limit: 2 MB

Additional File Upload #2

File Size Limit: 2 MB

DELETE

Delete

Does the applicant have any living children? If so, please list the name, age address, and phone below.

If none, please type N/A.

Character Limit: 500

DELETE

If N/A, please enter 0 (zero).

Character Limit: 20

DELETE

If N/A, please enter 0 (zero).

Character Limit: 20

DELETE

If N/A, please enter 0 (zero).

Character Limit: 20

DELETE

Including contributions from family.

If N/A, please enter 0 (zero).

Character Limit: 20

DELETE

If N/A, please enter 0 (zero).

Character Limit: 20

DELETE

If N/A, please enter 0 (zero).

Character Limit: 20

DELETE

If N/A, please enter 0 (zero).

Character Limit: 20

DELETE

If N/A, please enter 0 (zero).

Character Limit: 20

DELETE

Character Limit: 20

DELETE

Please list out what you included in your miscellaneous expense line.

Character Limit: 250

DELETE

Please provide a copy of the applicant's most recent 1040 page 1 tax return to validate income.

File uploads allowed: doc, docx, pdf, jpeg, jpg, png

Character Limit: 10000 / File Size Limit: 2 MB

DELETE*

Please list:

1. Sponsoring church or pastor or person completing this form
2. Relationship to the applicant
3. Phone number
4. Email address
5. Brief explanation of applicant's need

(Please put N/A if self)

Character Limit: 1000