



CIBA Foundation Grant Application Information

PURPOSE:

The objects and purposes for which the CIBA Foundation is organized and for which it will utilize its resources are as follows:

- To inform, educate, advise and promote the general public awareness of the health, recreational, economic, social, cultural and other benefits arising from the use of bicycles and other types of human powered transportation devices.
- To inform, educate and advise the general public concerning matters of bicycle safety.
- To promote bicycling-related non-profit, charitable and educational purposes as deemed appropriate by its Board of Directors.

GUIDELINES:

(A) The CIBA Foundation prefers to make grants to organizations that will improve bicycling using the purposes listed above as a guideline for funding.

(B) Although the Board of Directors may revise its guidelines from time to time, grants are generally for \$500 to \$2,000.

(C) The CIBA Foundation prefers to give to organizations and projects that will primarily benefit residents of Central Indiana and/or Indiana, but will consider applications from other locales provided they meet the general objectives of the CIBA Foundation.

(D) Grant applications must be submitted for review before one of the following closing dates: February 15, May 15, August 15 and November 15. They will be acted upon at the next regularly scheduled meeting of the Board of Directors. If you have any questions about this process, please contact the address below.

Email pages 2, 3 and 4 of your completed grant application to: **skiphiggins2@gmail.com**

Optional: If printed material is available that describes your organization and/or your project for which you are requesting this grant, which is not available on the internet or your website, you are welcome to send 13 copies of such material to us via US mail at:

CIBA Foundation
c/o Skip Higgins
441 Billie Lane
Indianapolis, IN 46260



CIBA Foundation Grant Application Form

Name of Organization: _____

Type of Organization: ___ 501(c)3; ___ Not for Profit Corp;

___ Unincorporated Association or Club; ___ Individual;

___ Other (describe); _____

Address: _____

City: _____ State: _____ ZIP: _____

Website: _____

Contact Person: _____ Title: _____

Phone: (____) _____ Email: _____

Amount Requested: _____

If approved, funds are needed by what date? _____

If approved, the check should be made payable to: _____

And sent to: Mailing Address: _____

City: _____ State: _____ ZIP: _____

Federal ID # or Social Security # : _____

Brief Description of Organization:

Project for which funding is requested (include website if different from above):

A detailed budget for the project is required. Please attach as page 4.

Description of project (below) should include: (a) how this program or project fits the purposes of the CIBA Foundation; (b) historical summary: a new project or program or a continuation of an existing one; (c) who will be responsible for the project or program; (d) if the request is for a one-time project or for an ongoing program.

Description of Project: