

### ABOUT LEADERSHIP COFFEE COUNTY

Leadership Coffee County (LCC), a program of the Enterprise Chamber of Commerce, is designed to foster the growth and development of leadership skills among local professionals. Throughout the program year, participants engage in community networking, teamwork, communication skill-building, and hands-on learning experiences that increase their understanding of Coffee County and strengthen their leadership capacity.

As a core requirement of the program, each Leadership Coffee County class plans and executes a community service project that addresses a demonstrated need of a local nonprofit organization and provides a lasting, measurable benefit to the community.

### COMMUNITY IMPACT GRANT PURPOSE

The Community Impact Grant provides an opportunity for eligible nonprofit and community-based organizations to present identified community needs for consideration as the Leadership Coffee County Class of 2026 service project. Applications will be reviewed by the selection committee in collaboration with the Leadership Coffee County Class of 2026. Evaluation will consider demonstrated community need, project feasibility, available resources, fundraising potential, collaboration opportunities, and overall community impact.

### FUNDING GUIDELINES

- Grant funds may not be used for general operating expenses such as salaries, utilities, rent, or ongoing administrative costs.
- Funds must be used for project-specific, one-time expenses directly related to the approved project.
- The maximum grant award is up to \$5,000 per selected organization. Awards may be fully or partially funded based on funds raised, in-kind contributions, and available resources.
- All awarded funds must be utilized within one (1) year of the presentation date.
- The selected organization agrees to provide periodic updates and a final summary report outlining project completion and impact.

### ELIGIBILITY REQUIREMENTS

To be eligible for consideration, applicants must:

- Be a nonprofit organization, school, or community-based organization serving Coffee County
- Demonstrate a clear community need aligned with the mission of Leadership Coffee County
- Be willing and able to collaborate with the Leadership Coffee County Class of 2026
- Propose a project that can be completed within one (1) year
- Agree to recognition, reporting, and accountability requirements

### APPLICATION DEADLINE

**Applications must be received no later than Monday, February 16, 2026.**

If additional space is needed, applicants may include a typed attachment on organizational letterhead (maximum of two additional pages).

**GENERAL INFORMATION:**

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office/Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

**PRIMARY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**ORGANIZATION INFORMATION:**

Brief description of the organization's mission and goals:

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Brief description of the organization's current programs and activities:

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Population served (age group, demographics, etc.):

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Geographic area served: \_\_\_\_\_

Approximate number of individuals served annually: \_\_\_\_\_

Briefly describe your organization's capacity to manage and complete the proposed project (staff, volunteers, partnerships, etc.):

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**PROJECT INFORMATION:**

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Amount of Grant Funds Requested: \$ \_\_\_\_\_

**PROJECT DESCRIPTION:**

Provide a detailed description of the proposed project, activity, or program.

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**PROJECT IMPACT:**

Describe the community need being addressed, the problem(s) this project will solve, and the anticipated impact. Include the estimated number of individuals who will directly benefit.

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**PROJECT STRATEGY & TIMELINE:**

Provide the proposed strategy, plan of action, estimated timeline for completion, expected deliverables, and how project success will be measured.

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**PROJECT BUDGET:**

Provide an itemized project budget outlining total project costs, grant funds requested, in-kind contributions, and any additional funding sources. Budget totals should align with the amount requested.

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## ADDITIONAL INFORMATION:

Provide any additional details the selection committee should consider.

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## SIGNATURE ENDORSEMENT:

The signature below certifies that I am an authorized representative of the organization named above and that all information submitted is accurate to the best of my knowledge. I understand and agree that, if selected, the organization will work collaboratively with the Leadership Coffee County Class of 2026 and will ensure the proper, efficient, and accountable use of any funds awarded. I further agree to provide required updates and reporting to the Enterprise Chamber of Commerce on behalf of Leadership Coffee County.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## SUBMISSION INFORMATION:

**Deliver or mail completed applications to:**

**Enterprise Chamber of Commerce**

C/O: Leadership Coffee County – Community Impact Grant

553 Glover Avenue • Enterprise, AL 36330

P.O. Box 310577 • Enterprise, AL 36331

Phone: (334) 347-0581



### FOR OFFICE USE ONLY

Date Received:

Received By:

Amount Requested:

Amount Awarded: