



**Grant Applications are Due  
at 4:30 PM Thursday,  
February 12<sup>th</sup>, 2015 at  
Greene County Extension**

## Greene County Community Foundation Grant Application

The mission of the Greene County Community Foundation (the “Foundation”) is to foster private giving, strengthen service providers and improve the overall wellbeing of the county’s residents. The Foundation works to build its endowment fund which in turn provides grants to accomplish its goals. If you can help us with these goals we encourage you to submit a grant application that does one of the following:

- Supports strong, stable families and provides solid beginnings for children and youth.
- Serves as a catalyst for youth and recreational activities.
- Helps to promote elder care, support services and an active senior population.
- Promotes the health, education and vitality of the community.
- Addresses community needs for police, fire and emergency services.
- Assists in developing quality jobs, tourism and economic development.
- Helps make our community more attractive, livable and cohesive.

The Foundation will generally **not** consider funding requests for the following:

- Ongoing annual operating expenses.
- Grants to individuals, for-profit entities, and sectarian religious programs.

The Foundation also has these guidelines and requirements:

- Grant applications are available on December 1, 2014 and are due by 4:30 PM Thursday, February 12, 2015.
- The maximum grant request is \$35,000. The minimum is \$1,000.
- Grant awards are normally made once per year in April and projects are normally completed by the end of the calendar year.
- Grant recipients **must** complete an evaluation form after their project is complete. If they fail to do this the recipients will not be eligible for future Foundation grants.
- Only the following entities can receive Foundation grants:
  - Nonprofit organizations with a 501(c)(3) status.
  - Government entities, such as cities and counties.
  - Groups sponsored by a government entity or another 501(c)(3) that agrees to manage the grant funds (the “Fiscal Sponsor”).
- No federal funds may be used as an in-kind match.
- All projects must take place within Greene County.

Attached is a simple four page application form. Also attached is additional information that will help you understand the Foundation’s grant making process. Two examples of grant applications are available on our website that should help you fill out your grant application. See our web site at: <http://www.extension.iastate.edu/greene/GCCF>. If you have any questions please call the Greene County Extension office at 515-386-2138, or visit the office at 104 West Washington, Jefferson, Iowa.

1) Applicant Requesting Funding (or Fiscal Sponsor):
2) Organization conducting project (if different from above):
3) Project title:
4) Federal tax identification number of Applicant or Fiscal Sponsor (EIN):
5) Applicant/Fiscal Sponsor Address:
6) Applicant/Fiscal Sponsor Contact Person & Title:
7) Applicant/Fiscal Sponsor Contact Person Phone & Email: Phone:                      Email:
8) Organization/Project Address (if different):
9) Organization/Project Contact Person & Title (if different):
10) Organization/Project Contact Person/Title, Phone & Email (if different):
11) Total Cost of Project (11A):                      Amount of Grant Request (11B): (The amounts shown above must match the amounts shown on lines 6 and 11 on the Budget Page)
12) Type of Request (check one) <input type="checkbox"/> Capital Based Project (building improvements, structures, equipment, computers, etc.) <input type="checkbox"/> Program Based Project (activities, services, education, training, non-durable goods)
13) Project Focus Area (check one) <input type="checkbox"/> Arts/Culture/Humanities <input type="checkbox"/> Human Services <input type="checkbox"/> Education <input type="checkbox"/> Environment/Animals <input type="checkbox"/> Public/Society Benefit <input type="checkbox"/> Health <input type="checkbox"/> Other
14) Provide a one-sentence description of the Applicant's Organization:
15) Provide a one-sentence description of the Project:

## Description of Project Page

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1) Describe the need or problem being addressed by this project.
2) What area or population is being served?
3) List the Activities or Tasks you will do. (It is suggested that additional information should be attached for grant requests exceeding \$10,000.)
4) Explain your organization's ability to carry out and ensure success of this project.
5) Explain how this project will have a lasting benefit for the citizens of Greene County.
6) Answer questions 6A and 6B <u>only</u> if you indicated in line 12 on page 1 that this is a grant request for a "Program Based Project." (Additional information should be attached for grant requests exceeding \$10,000.) 6A: Tell us of any other similar programs already in existence and why your proposed program is needed.  6B: What other organizations or partners are involved with this project?
7) Expected starting date of project:
8) Expected completion date of project.
9) If the Foundation does not have enough funds to meet every applicant's request, would you be willing to accept less than you have requested? <input type="checkbox"/> Yes <input type="checkbox"/> No

All Applicants must fill out the budget table below. Applicants requesting over \$10,000 may also provide supplemental detailed information if they wish. **A 1-to-1 match at a minimum is required by the Foundation. Your request to the Foundation may not be over 50% of the total project cost** (see Lines 11 and 12 below). **Written estimates or bids should be attached.** Please round to the nearest dollar.

<b>Project Cost Details</b>		
<b>Category</b>	<b>Description of Expenditure</b>	<b>Cost</b>
1. Materials (Purchased)		\$
2. Materials (Donated)		\$
3. Labor (Contracted)		\$
4. Labor (Volunteer)		\$
5. Other (Please Explain)		\$
6. Total Project Cost		\$

<b>Sources of Project Funding</b>	
7. Cash On Hand	\$
8. Volunteer Labor	\$
9. Materials (Donated)	\$
10. Other Grants	\$
11. This Grant Request	\$
12. Total Project Cost	\$

The amount in Line 2 should equal the amount in Line 9.

The amount in Line 4 should equal the amount in Line 8.

The amount in Line 6 should equal the amount in Line 12.

**The amount requested in this grant application (Line 11) should be no more than 50% of the Total Project Cost (Line 12).**

Line 11 on this budget page must be equal to Line 11B on Page 1 of this grant application form.

## Signature and Checklist Page

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The undersigned certify that they are authorized to represent the Organization applying for a grant and that the information contained in the application is accurate. The undersigned agrees that if a grant is awarded to the Organization:

- the grant will be used for the purpose outlined in the grant award letter and may not be expended for any other purpose without prior written approval from the Foundation.
- the Foundation has received nothing of material value in exchange for the grant.
- information about the Organization and the grant may be used by the Foundation in any published materials.
- representatives of the Organization receiving this grant will publicize the results of the grant received by the Organization and will acknowledge the Foundation for its contribution.

\_\_\_\_\_  
Signature of Authorized Project Representative

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Project Chairperson (if different from above)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fiscal Sponsor Representative (if different from above)

\_\_\_\_\_  
(Print Name & Title)

\_\_\_\_\_  
Date

## Checklist

Your grant application packet must include the following information in the order shown below:

- \_\_\_\_\_ The grant application consisting of Pages 1 through 4.
- \_\_\_\_\_ Attachment 1 **if** your organization has a Fiscal Sponsor.
- \_\_\_\_\_ Attachment 2 **or** other financial statements from your Fiscal Sponsor **if** your organization has a Fiscal Sponsor.
- \_\_\_\_\_ Letters of support are always encouraged because they show the support of the community. Support letters should be attached to your application.
- \_\_\_\_\_ **Submit 5 (five) complete copies** of all of the above information to the Greene County Extension Office at 104 West Washington, Jefferson, Iowa.

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February 12<sup>th</sup>, 2015 at the Greene County Extension Office.**

# Fiscal Sponsor Agreement

Attachment 1

Do **NOT** fill out this form if the applicant is a city, county, a subdivision of the state of Iowa, or a 501(c)(3) non-profit entity. Only fill out this form if your organization is not one of the above.

## FISCAL SPONSORSHIP AGREEMENT

Date: \_\_\_\_\_

Fiscal Sponsor (Legal Applicant): \_\_\_\_\_

Fiscal Sponsor Contact Person and Email: \_\_\_\_\_

Fiscal Sponsor Full Mailing Address: \_\_\_\_\_

Sponsored Organization Conducting Project: \_\_\_\_\_

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

(Legal Applicant/Fiscal Sponsor, hereafter referred to as **The Fiscal Sponsor**) has agreed to serve as a fiscal/program sponsor for the \_\_\_\_\_

(Organization conducting project, hereafter referred to as the **Sponsored Org.**) as outlined in the attached application and supporting materials. The Board of Directors of **The Fiscal Sponsor** has passed a resolution adopting the **Sponsored Org.**'s project as a program or project consistent with the **Sponsor's** purpose and mission. The **Sponsored Org.**'s financial activities will be accounted for as a program of **The Sponsor** for IRS auditing and financial reporting purposes.

Since the **Sponsored Org.** is not recognized by the IRS as a charitable tax-exempt entity, **The Fiscal Sponsor** must exercise full control over the **Sponsored Org.**'s financial administration, management and disbursement of funds resulting from this grant application. **The Fiscal Sponsor** has delegated \_\_\_\_\_ (name of person/s) as responsible for fulfilling of these accounting and reporting functions subject to the ultimate authority of the Board of Directors of **The Fiscal Sponsor**. **The Fiscal Sponsor** is responsible for ensuring completion of timely reports and submission of necessary financial statements to the Community Foundation's Administrative Office (Greene County Extension Office). Failure to insure timely reporting on behalf of the **Sponsored Org./Fiscal Sponsor** will also result in a loss of good standing. This agreement will be in effect from the date of a grant award to support the above-named project until the grant funds are expended and the final report has been submitted to the Greene County Community Foundation and accepted.

We agree to the terms stated above in this agreement:

Legal Applicant/ Fiscal Sponsor Representative Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored Organization Representative Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: If the Fiscal Sponsor is a 501(c)(3), the Foundation may request a copy of the 501(c)(3) Tax-Exempt Determination Letter or comparable proof of charitable exemption.**

## 501(c)(3) Financial Information

## Attachment 2

Do **NOT** fill out this form if the applicant is a city, county, a subdivision of the state of Iowa. If the applicant or its fiscal sponsor is a 501(c)(3) non-profit entity then it should either: 1) fill out this form, **OR** 2) attach a copy of its most recent financial statements.

### **501(c)(3) Financial Information**

<b>INCOME</b>	
<b>Source</b>	<b>Amount</b>
<b><i>Support</i></b>	
Government Grants	\$
Foundations	\$
Corporations	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
<b><i>Income</i></b>	
Government contracts	\$
Earned income	\$
Other (specify):	\$
1.	\$
2.	\$
3.	\$
<b>Total Income</b>	\$

<b>EXPENSES</b>	
<b>Item</b>	<b>Amount</b>
Salaries & Wages	\$
Insurance, benefits, & other related taxes	\$
Consultants & professional fees	\$
Travel	\$
Equipment	\$
Rent and utilities	\$
General operating	\$
Other (specify)	\$
1.	\$
2.	\$
3.	\$
<b>Total Expense</b>	\$