Grant Application Form
For grant requests up to $35,000

The mission of the Greene County Community Foundation (the "Foundation") is to foster private giving, strengthen service providers and improve the overall well-being 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 or political programs.

The Foundation also has these guidelines and requirements:

- Grant applications are available online at the website https://forgreenecounty.org.
- The maximum grant request is $35,000. The minimum is $1,000.
- Grant awards are normally made once per year in March 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, counties and schools.
  - Groups sponsored by a government entity or another 501(c)(3) that agrees to manage the grant funds (the "Fiscal Sponsor").
- No federal funds or Grow Greene County direct grants may be used as an in-kind match.
- All projects must take place within Greene County.

Attached is the detailed five-page application form. See the Foundation's website (forgreenecounty.org) for an electronic copy of this grant application. If you have any questions, please contact a board member or email greeneccf@gmail.com and a board member will get back to you.

Note: If the foundation is not familiar with your organization, it may request additional information about your organization's finances.

Grant Application Cover Page

1) Organization requesting the funds (the "Applicant"):
2) Is your organization an IRS approved 501(c)(3) non-profit, a city, a county or a school? (Check one) ☐ Yes ☐ No - If you answered "No", then please complete *Attachment 1*
3) Federal tax identification number of Applicant (skip for city,school, or county):
4) Applicant's address:
5) Contact person & title:
6) Contact person phone:
7) Contact person email:
8) Project title:
9) Request type (check one) ☐ Capital based project (building improvements, structures, equipment, computers, etc.) ☐ Program based project (activities, services, education, training, non-durable goods)
10) One sentence description of the project:
11) Provide a one-sentence description of the Applicant's organization:
12) Total project cost:
13) Amount requested from GCCF:
14) Does your organization have an endowment? ☐ Yes ☐ No If you answered "No", would you be interested in getting more information about starting an endowment fund for your organization? ☐ Yes ☐ No

[1]The amounts shown in questions 12 and 13 must match the corresponding amounts on the Project Budget page.

Description of Project

1) Describe the goals being addressed by this project
2) What area or population is being served?
3) List the timeline of the project.
4) Explain your organization's ability to carry out and ensure success of this project.

5) Identify community needs that will be met as a result of this project. Explain how this project will have a lasting benefit for the citizens of Greene County.

6) Provide a minimum of 3 letters of community support and attach to the application. Please list the names below.

1.
2.
3.

7) Expected project start date:

8) Expected project completion date:

9) Explain any other organizations, partners, or collaborators in the project:

10) 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? ☐ Yes ☐ No

11) How do you plan to recognize the foundation publicly/permanently for any gift?

Project Budget

A minimum of 25% matching funds is required by the Foundation**. Therefore, your requested grant funds may not be over 75% of the total project cost**. Please round to the nearest dollar. Additional supplemental information may be attached if more room is needed to detail the project budget. Please call prior to the due date if you have any questions**.**

Total Project Costs - Materials, Labor, etc. Itemize specific expenses below and provide dollar amount. Written estimates or bids should be attached.		
#	**Item**	**Amount**
1		$
2		$
3		$
4		$
5		$
6		$
7		$
8		$
	TOTAL PROJECT COST (A[1])	$

[1] Line (A) should match line 12 on page 1 of the application and equal (B) + (C) + (D).

Your Contributions - In-Kind, Labor, etc. Attach letters of commitment if applicable		
#	**In-kind item, labor or other**	**Amount**
1		$
2		$
3		$
	TOTAL (B)	

Your Contributions - Other Funding Sources Attach letters of commitment if applicable.		
#	**Funding source**	**Amount**
1	Cash on hand committed to this project (**must provide an amount**)	$
2		$
3		$
	TOTAL (C)	

Amount requested from GCCF		**Amount**
Requested grant funds from Greene County Community Foundation	**TOTAL (D)[2]**	$

[2] Line (D) should match line 13 on page 1 of the application and should be **no more than 75% of the Total Project Cost (A)**

Signature(s) and Affirmation

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.
- there is no personal benefit or conflict of interest in this application.
- information about the organization, project photos and the grant may be used by the Foundation in any published materials including social media, print marketing, and website.
- representatives of the organization receiving this grant will publicize the results of the grant received by the organization and will publicly acknowledge the Foundation for its contribution.
- to the best of our knowledge and belief, all data in this application is true and correct.
- the budget will provide sufficient resources to meet the goals identified in this application.
- to the best of our knowledge and belief, this organization is in compliance with all IRS and Iowa requirements for non-profit corporations, and all appropriate forms and filings are current. (IRS requires filing of Form 990 and State of Iowa requires bi-annual renewal of Certificate of Purpose.)
- if awarded, the organization/agency will comply with Foundation guidelines.

Signature of Project Representative	(Print Name & Title)	Date

Signature of Fiscal Sponsor Representative (if applicable)	(Print Name & Title)	Date

Use the following checklist to ensure you have submitted a complete grant application

Your grant application includes the following information in the order shown below:

- ☐ The completed grant application including the Cover page, Description of Project, Projected Budget, Signature and Affirmation page (pages 1 through 5)
- ☐ Letters of support for the project
- ☐ Written and firm estimates, bids, and letters of commitment to support the project budget
- ☐ *Attachment 1* if required by response in Question 2 on page 1 of the application
- ☐ Digital copy of the entire grant application packet must be submitted via email to greeneccf@gmail.com by the deadline stated on the Foundation's website
- ☐ Hard copy submissions should include 2 complete copies of the grant application packets by mail or hand delivery
  - ☐ If mailing grant application packet to Greene County Community Foundation at PO Box 85 Jefferson, IA 50129 it must be received prior to the deadline stated on the foundation's website

    OR

  - ☐ If hand delivering the grant application packet, it must be dropped off at to the Journey Financial, LLC Office at 121 E. Lincolnway, during normal business hours prior to the deadline stated on the Foundation's website

If your grant application is missing any of the above components, it will be disqualified from consideration.

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, a government entity, 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 (the Applicant):

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: as responsible for fulfilling 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 email. Failure to ensure 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.