**Union County-SCICF**

**PO Box 174**

 **Afton IA 50830**

# Grant Application Overview

**Mission Statement**: To contribute to a better life for the people of Union County by helping donors carry out their charitable intent and by providing responsible stewardship of gifts for community purposes.

**Types of Grants**

Projects or programs

Endowment building

**Generally Will Not Fund:**

* Existing debt
* Operating expenses, salaries or labor
* Consumable items, freight or shipping

**Application Deadline:**

April 1, 2023

Will be approved by June 1, 2023

**Affiliate Grant Application Contact Information:**

Judy Hopkins 641-202-6485 Erik Niggemeyer 319-530-0275

Rhonda Giles 641-782-8633 Sarah Long 641-202-2177 Peg Anderson 641-202-6290

Dannie Stephens 641-202-3385

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| --- | --- |
|  | **Eligibility to Apply for Funding:**  |
| • | 501(c)(3) tax-exempt, nonprofit organizations. |
| • | 170(c)(1) component units of government organizations *(Fire Dept., Ambulance, Libraries, Parks, etc.)* |
| • | Organizations providing services within Union County*.* |
| • | If you are not a 501(c)(3) or a 170(c)(1), you must align yourself with a fiscal sponsor. |
| • | The Final Report for all previous grants must be on file **prior** to submitting a new grant application. |

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| **Union County-SCICF**  |
| **Grant Application – Cover Page**  |
| Project Title:  | Date:  |
| Applicant:  | Federal Tax ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_501(c)(3) organization \_\_\_170(c)1 government \_\_\_Other-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Address:  |
| City:  | State:  | ZIP Code:  |
| Contact Person Responsible for the Project & their Title:  |
| Contact Phone:  | Contact Email:  |
| Project Budget: $  | Amount Requesting: $  | Project Start Date: Estimated Completion Date:  |
| Type of Grant:  \_\_\_Community project or program \_\_\_Endowment |
| Focus: \_\_Arts/Culture/Humanities \_\_Education \_\_Environment/Animals \_\_Health \_\_Human Services \_\_Public/Society Benefit \_\_Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| Brief Description of Organization:  |
| Brief Description of Project:  |
| Signature:  | Date:  |
| **Send completed original application and 6 copies by April 1, 2023****Union County-SCICF****PO Box 174, Afton IA 50830** **Please reach out with questions:** Judy 641-202-6485, Erik 319-530-0275, Rhonda 782-8633, Sarah 641-202-2177, Peg 641-202-6290, Dannie 641-202-3385 |

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| **Union County-SCICF** |
| **Grant Application – Questions of Purpose**  |
| Describe the need or problem being addressed by this project:  |
| Describe the project goals and objectives. Describe the steps involved, complete with brief timeline. |
| Have you received previous funding from Union County-SCICF? If so, when? |

**Income**

  **Source Amount**

|  |  |
| --- | --- |
| Individual Gifts  | $  |
| Sponsor Cash  | $  |
| Federal Gov. Grants  | $  |
| State Gov. Grants  | $  |
| Private Foundations  | $  |
| Sponsor In-Kind  | $  |
| Private In-Kind  | $  |
| County Foundation  | $  |
| Other  | $  |
| Other  | $  |
| Other  | $  |
| Other  | $  |

**Total:**

**Expenses**

  **Source Amount**

|  |  |
| --- | --- |
| Land Purchase  | $  |
| Professional Services  | $  |
| Construction Costs  | $  |
| Equipment Purchase  | $  |
| Construction Supplies  | $  |
| Training Costs  | $  |
| Personnel Costs  | $  |
| Other  | $  |
| Other  | $  |
| Other  | $  |
| Other  | $  |

**Total:**