**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:**