Decatur County Community Foundation P.O. Box 278, Leon, IA 50144

Grant Application

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| 1. ***APPLICANT requesting funding:***   ***Applicant Address: Contact Person:***  ***Phone: Email:*** | |
| ***2. Federal Tax ID # of Applicant*** | |
| ***3. FISCAL SPONSOR*** *(if applicant is not a 501(c)3 from above):*  ***Fiscal Sponsor Address: Contact person: Phone:***    ***Email: Federal Tax ID #:*** | |
| ***4. Project Title:*** | |
| ***5. Description of Project****: (please attach a budget, estimate, and photos with your application)* | |
| 1. ***Cost of Project:***    1. **Amount of grant request:** $    2. **Amount provided by others:** $    3. **Amount provided by applicant** (must be at least 25% of your budget):$    4. **Total Cost of Project:** $   (Sum of lines A, B, and C must equal line D. Line C should be no less than 25% of Line D) | |
| ***7. Type of Request:*** *(check one)*  **Capital Project** (building improvements, structures, equipment, computers, etc.)  **Program Based Project** (activities, services, education, non-durable goods) | |
| ***8. Project Focus: (check one)***  **Arts/Culture/Humanities Health or Human Services Education**  **Community Improvement Youth Development Recreation or Environment** | |
| ***9. Anticipated completion date of Project:*** | |
| ***Signature:*** | ***Date:*** |

Application must be postmarked by **March 15,** please attach a budget, estimate, and photos. **Please check your postage to ensure the postage is the correct amount.**

**Mail 8 full copies** of your application to:

Decatur County Foundation

P.O. Box 278

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