



# Disaster Relief Grant Application

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. **How will this project provide relief in response to the recent disaster proclamation?**

6. **Cost of Project:** \*Grants of up to \$1,500 will be considered.

a. **Amount of grant request:**

b. **Amount provided by others:**

c. **Amount provided by applicant:**

d. **Total Cost of Project:**

7. **Type of Request:** (check one)

☐ **Capital Project**

☐ **Operational Project**

☐ **Program Based Project**

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:**

The undersigned certifies that: 1) they are authorized to represent the Organization applying for a grant, 2) the information contained in the application is accurate, 3) the grant will be used only for the purpose outlined above, 4) the Foundation has received nothings of material value in exchange for the grant, 5) a picture of the finished project may be displayed on the Foundation's website, and 6) the Applicant will publicly acknowledge the Foundation's grant.

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

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

\_\_\_\_\_  
Date

Please return the completed application to: [hancockcounty@desmoinesfoundation.org](mailto:hancockcounty@desmoinesfoundation.org)

## 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 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 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 Sponsor** must exercise full control over the **Sponsored Org.'s** financial administration, management and disbursement of funds resulting from this grant application. **The 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 Sponsor**. **The Sponsor** is responsible for ensuring completion of timely reports and submission of necessary financial statements to the Community Foundation's Administrative Office (contact info below). Failure to insure timely reporting on behalf of the **Sponsored Org./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 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: \_\_\_\_\_