

**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)

**6. Cost of Project:**

- a. Amount of grant request: \$ \_\_\_\_\_
- b. Amount provided by others: \$ \_\_\_\_\_
- c. Amount provided by applicant b+c must be at least 25% of the budget: \$ \_\_\_\_\_
- d. Total Cost of Project: \$ \_\_\_\_\_  
(sum of lines a,b and c must equal 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:**

<i>Signature:</i>	<i>Date:</i>
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Application must be postmarked by **March 15**

Please attach a budget, estimate, and photos

**Mail 7 complete copies** of your application to:

Decatur County Community Foundation

P.O. Box 278

Leon, IA 50144