

Union County  
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

Grants will be approved by June 1

### **Affiliate Grant Application Contact Information:**

Sarah Long 641-202-2177

Paul Fuller 712-304-0846

Rhonda Giles 641-782-8633

Erik Niggemeyer 319-530-0275

Meggen Weeks 641-344-2088

Jake McGehee 641-745-5332

### **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.

# Union County

## Grant Application - Page 1

Project Title

Applicant (requesting funding)

Type of Organization

501(c)3    170(c)1    other \_\_\_\_\_

Federal Tax ID Number

\_\_\_\_\_

Contact Person and Title

\_\_\_\_\_

Address

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email Address

\_\_\_\_\_

Fiscal Sponsor Information (if Applicant is not a 501(c)3 from above)

Name

\_\_\_\_\_

Contact Person

\_\_\_\_\_

Address

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email Address

\_\_\_\_\_

Federal Tax ID Number

\_\_\_\_\_

Brief Description of Organization:

Description of Project:

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

A. Amount of grant request	_____	(line 8 from project income)
B. Amount provided by others	_____	(sum of 1,3,4,5,7 from project income)
C. Amount provided by applicant	_____	(sum of 2 and 6 from project income)
D. Total cost of project	_____	

Type of Request: \*choose one

Capital Project    Endowment (to build your current endowment, you must provide matching funds of up to \$5,000.00)

Program Based Project

Project Focus:    Arts/Culture/Humanities    Health or Human Services    Education  
 Community Improvement    Youth Development    Recreation or Environment

Anticipated Start Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

Signature

Date

Application must be postmarked by April 1, please attach an estimate and photos.

Mail 7 full copies of your application to:

Union County  
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## Union County

### Grant Application - Page 2

Describe the need or problem being addressed by this project and how many people will be impacted or served by this grant.

Describe the project goals and objectives. Describe the steps involved, complete with a brief timeline.

### Project Budget \* Not all lines must be filled out

#### Project Income

Source	Amount
1 Individual Gifts	\$
2 Applicant Cash	\$
3 Federal Gov. Grants	\$
4 State Gov. Grants	\$
5 Private Foundations	\$
6 Applicant In-Kind	\$
7 Private In-Kind	\$
8 SCICF- Union County (requested)	\$
	\$
<b>Total Project Income</b>	<b>\$</b>

#### Project Expenses

Source	Amount
Land Purchase	\$
Professional Services	\$
Construction Costs	\$
Equipment Purchase	\$
Construction Supplies	\$
Training Costs	\$
Personnel Costs	\$
	\$
	\$
<b>Total Project Expense</b>	<b>\$</b>

\*\* Total project income and total project expense should be equal