Empowering Adair County Foundation GRANTS PROGRAM APPLICATION

Office Location

ADAIR COUNTY ISU EXTENSION & OUTREACH OFFICE 154 Public Square, Suite C, Greenfield, IA 50849

Office 641-743-8412 Email dwells@iastate.edu

Date of Application		Application Deadline is October 15 th by 4:30pm. If 10/15 would fall on a holiday or weekend, the deadline will move to the following business day.		
Name of Organization:				
Legal Name as listed with IRS (if ap)	plicable)			
Federal ID Number				
Organization Address				
City/State/Zip				
Phone		Email		
Fiscal Sponsor (if applicable)		FIN		
Name of Project Contact Person				
Project Focus Area: (select one)				
Tourism/Beau	tification	Public Services		
Economic We	II-Being	Recreation/Entertainment/Arts/Culture		
Please check your organizati	onal status:			
IRS 501 (c)(3)	not-for-profit	170b unit of government		
Project Title				
Briefly Summarize the Project				
Grant Amount Requested	\$	(grant amounts requested cannot exceed \$10,000.00)		
Any Matching Dollars	\$			
Estimated In-Kind Amount	\$			
Project Total	\$			

Estima	ated Jobs created	Estimated Audience			
Will the	e project move forward if the full amount requested is not a	warded?	Yes	No	
	Please complete each section in the space provided. Do not include additional pages. Use at least 12 point ppe. This section may be reproduced on your computer.				
1.	Describe the proposed project:				

2. What are the goals and objectives of the proposed project?

3.	How will this project address Adair County needs and priorities? (Site the survey or research information used)
4.	Indicate how you will measure and evaluate the results of this project:

5.	Outline any resources or partners assisting with this project. Describe any other funding secured, applied for or proposed for this budget.
6.	Briefly give a timeline for the project. Projects should be completed within 12 months of funds distribution.

Authori	orized Signature Date	
	approve submission of this grant request and certify that the purpose of this request is charitable and that m ived from Empowering Adair County Foundation will be used solely for the project stated in this application.	onies
Appro	proval Agreement from Applicant Organization:	
	10 copies of Application Form, Project Budget and Signed Approval	
	Letter of Support from fiscal agent (if applicable)	
	Letter(s) of Support from each collaborating organization (if applicable)	
	Signed Approval Agreement of applicant organization (board chair's signature where applicable	le)
	Project Budget	
	Application	
	Copy of Federal IRS tax-exempt status letter (if applicable)	
In ord	order to be considered for funding, your application MUST include the following	items:
	volunteer leadership training?	
8.	How does this project foster entrepreneurial activity or create jobs or provide	de
	is completed.	
7.	Please indicate how this project will be maintained or sustained after it	

EMPOWERING ADAIR COUNTY FOUNDATION BUDGET & JUSTIFICATION FORM

CATEGORY	EXPENSE DESCRIPTION (Justification - Narrative)	Grant Request	Matching Dollars	In-Kind Support	Total Amount of Project
Personnel (Please Describe)		\$	\$	\$	\$
Project Supplies (Please Describe)		\$	\$	\$	\$
Contracts (Please Describe)		\$	\$	\$	\$
Equipment (If applicable, please describe)		\$	\$	\$	\$
Travel/Mileage (Please Describe)		\$	\$	\$	\$
Office Expenses (phone, paper, copying, postage, etc.)		\$	\$	\$	\$
Miscellaneous (Please Describe)		\$	\$	\$	\$
Administrative Expenses (Not to Exceed 15%)		\$	\$	\$	\$
TOTAL		\$	\$	\$	\$