

Hardin County Community Endowment Foundation Grant Application - 2017

****Required materials may be mailed and postmarked no later than Friday, February 3rd, to the Hardin County Community Endowment Foundation, Box 473, Iowa Falls, IA 50126. Applications may also be delivered to the Auditor's Office at the courthouse in Eldora or the Hardin County Extension Service Office in Iowa Falls by 4:00 p.m. on Friday, February 3, 2017.****

ORGANIZATIONAL INFORMATION:

Formal name of organization (as listed with IRS) _____ Date _____

Project Title

Describe your project in two to three sentences. _____

Project Chair/ grant contact person _____ Phone number _____

Project Chair's complete mailing address _____ E-mail _____

Type of funding sought (check one): **Capital Based _____ **Program Based _____
**If seeking funding for Capital Based, does your organization own the property for which capital support is being requested? Yes _____ No _____ If no, who is the owner?
Name _____ Phone number _____

Project focus area (check one): Arts/Culture/Humanities _____ Education _____ Environment/Animals _____
Health _____ Human Services _____ Public/Society Benefit _____

Total cost of specific project for which you are requesting an HCCEF grant: \$ _____ ** (attach required budget)

Amount requested from HCCEF for this project: \$ _____
** (Request may not exceed 50% of total project cost, with a maximum of \$10,000.)

Federal tax identification number (EIN) _____

Is your organization an IRS 501(c) (3) nonprofit? _____ Yes _____ No
If no, is your organization a 170(c) (1) unit of government? _____ Yes _____ No

If you are **NOT** a 501(c) (3) or 170(c) (1), you must have a fiscal gdcbgcf. Please fill out information below:

Fiscal Gdcbgcf _____
Address _____
Phone Number _____ Fiscal gdcbgcf's EIN number _____

The undersigned certifies that he/she is authorized to represent the organization applying for a grant and that the information contained in this application is accurate. The undersigned agrees that if a grant is awarded to the organization:

- the grant will be used for the purpose outlined in the grant award letter and may not be expended for any other purpose without prior written approval from Hardin County Community Endowment Foundation (HCCEF)
- HCCEF has received nothing of material value in exchange for the grant
- information about the organization and the grant may be used by HCCEF in any published materials

Board Approval from Applicant Organization:

We approve submission of this grant request and certify that the purpose of this request is charitable and that monies received from HCCEF will be used solely for the project as stated in this application.

Project Chair Signature _____

Date _____

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- 5) Indicate the impact of this project to your community in a measurable way. (How will you evaluate whether your project has been a success?) Include how news of your project and the partnership you are forming with HCCEF will be publicized and/or recognized.

- 6) Describe the concrete ways that your community supports your project.

- 7) Please list the past grants you have received from HCCEF, title of project, year awarded, and dollar amount.