

ENHANCE HENRY COUNTY COMMUNITY FOUNDATION

2411 Radio Drive
Mt. Pleasant, IA 52641
319-385-8728

Grant Application Overview

Mission Statement: The mission of the Enhance Henry County Community Foundation is to foster private giving, strengthen service providers and improve the conditions of the county. To these ends, it will promote endowment building, community, grantmaking, organizational collaboration, and public leadership for the benefit of Henry County.

What we support: The Enhance Henry County Community Foundation will provide grants to improve life in Henry County, Iowa. We want to help develop all our communities into places where people want to live, as well as to benefit rural areas of the county. Areas of Foundation giving are: arts & culture, community affairs & development, education, environmental protection, health, historic preservation and human services.

Eligibility to Apply for Funding:

- Tax exempt, non-profit entities classified by the IRS as 501(c)(3) or a 170 (c)(1) governmental entity
- If not 501(c)(3), must have a fiscal sponsor who will be legally & financially responsible
- One application per organization
- Applications must be typed or computer generated. Hand written applications will no longer be accepted.
- Grant request minimum is \$500; maximum is \$25,000.

Grant Application Instructions

Checklist/Instructions:

- Organizational information has been completed
- Contact information has been completed
- Project summary has been completed
- Project budget detail has been completed.
- Authorized signature has been included
- 1 Original and 9 copies of entire application
- All grant applications postmarked with US Post Office postmark on or before deadline or delivered to the KILJ studios by 5pm on or before deadline
- Copy of 501 (c)(3) IRS Determination letter attached to grant application
- Fiscal Sponsorship agreement completed if a fiscal sponsor is being used

Definitions/Explanations

Fiscal Sponsor: is an organization that is receiving the money on behalf of the grant applicant and is responsible for disbursing the money for the project and maintaining appropriate documentation. This entity must be a 501(C)(3) or a 170 (c)(1) unit of government in order to serve in this capacity. A fiscal sponsorship agreement must accompany the grant application if a fiscal sponsor is being used.

Organizations must be recognized by the Internal Revenue Service as tax-exempt, nonprofit, public charities under section 501(c)(3) or as a “unit of government” under Section 170(c)(1) to receive grant funding. A 501(c)(3) is a section of the Federal Tax Code, which establishes the criteria for tax-exempt charitable organizations. Section 170(c)(1) refers to agencies that conduct activities to benefit the public at large, like public schools, state universities, public libraries and volunteer fire departments.

Application Deadline:

October 31, 2016 at 5PM

Will be approved by November 30, 2016

Affiliate Grant Application Contact Information:

Lora Roth

2411 Radio Drive

Mt. Pleasant, IA 52641

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Grant Application Cover Page

Organization Information

Name of organization: _____

Organization Address: _____

Employer Identification Number (EIN): _____

Phone: _____ Fax: _____ Web site: _____

Name of Contact Person regarding this application: _____

Phone: _____ Email: _____

Is your organization an IRS 50(c)(3) not-for-profit? _____ Yes _____ No
If no, if your organization a 170b unit of government _____ Yes _____ No
If no, you must have a fiscal sponsor. Please list name of fiscal sponsor and complete
attached Fiscal Sponsorship Agreement. _____

Project Information

Project Title: _____

Total Cost of Project: _____

Amount Requested: _____

Type of Request (check one): Capital Based or Program Based

Program Based: Operational, activity, general programmatic support

Capital Based: The building of or physical improvement of something

Project Focus Area (check one):

Arts/Culture/Humanities Human Services Education Environment/Animals

Public/Society Benefit Health Other

Brief Description of Organization:

Brief Description of Project:

Are Matching Funds Being used on this Project?

Questions of Purpose

1. Describe the need or problem being addressed by this project:
2. Explain how this project will benefit the citizens of this county:
3. What area or population is being served?
4. Explain your organizations ability to carry out and ensure success of this project:
5. Describe the timeline of the project:
6. Explain how you will allocate funds for your project:
7. Have you previously received funding from The Enhance Henry County Community Foundation? If so, when?

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 the Community Foundation will be used solely for the project stated in this application.

Board Chairman

Date

Project Budget

Income

Source	Amount
Sponsor Cash	\$
Federal Gov. Grants	\$
State Gov. Grants	\$
Private Foundations	\$
Sponsor In-Kind*	\$
Private In-Kind*	\$
County Foundation	\$
Other Income	\$

Total:

Expenses

Source	Amount
Land Purchase	\$
Professional Services	\$
Construction Costs	\$
Equipment Purchase	\$
Construction Supplies	\$
Training Costs	\$
Personnel Costs	\$
Other Expense	\$

Total:

***In-kind gift:** when a foundation or other entity contributes a good or service in lieu of providing monetary grants. In-kind contributions support the daily operations of an organization.

Organization Budget

Income

Source	Amount
<i>Support</i>	
Government Grants	\$
Foundations	\$
Corporations	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
<i>Income</i>	
Government contracts	\$
Earned income	\$
Other (specify):	\$
1.	\$
2.	\$
3.	\$
Total Income	\$

Expenses

Item	Amount
Salaries & Wages	\$
Insurance, benefits, & other related taxes	\$
Consultants & professional fees	\$
Travel	\$
Equipment	\$
Rent and utilities	\$
General operating	\$
Other (specify)	\$
1.	\$
2.	\$
3.	\$
Total Expense	\$

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:

Attach to this agreement the Fiscal Sponsor's 501(c)(3) Tax-Exempt Determination Letter or comparable proof of charitable exemption. (i.e. a letter from a City, confirming their status as a government entity. Contact our Administrative Office with questions, or for examples of a letter from a City.)

Evaluation – To be returned upon completion of grant or project year-end

Organization:

Project Name:

Please briefly summarize the goals of your project. Were you able to attain the goals of your project? Please explain. Were there any unexpected successes/benefits?

What method was used to evaluate the project? Please detail program/project results and the tools you used to measure the change.

Were there any unexpected barriers to overcome? What were they and how were you able to address them?

Do you plan to continue the project? If yes, will any of the past year's experiences cause you to change the project? If yes, how will the project be changed?

Was there any publicity, including any recognition of the Community Foundation grant, on your project? If yes, please describe and attach copies. Please include pictures of your project implementation and/or results.

Board Chairman

Date