



29 5th Street South, Humboldt, Iowa 50548 • (515) 332-2557 • humboldt Gives.com

2017 GRANT APPLICATION OVERVIEW

Mission Statement:

The Humboldt County Community Foundation Board is a charitable public foundation established by community stakeholders for the purpose of improving the quality of life in Humboldt County by initiating programs, coordinating resources, and supporting organizations that enhance education, community betterment, arts and culture, health, and human services. The Foundation works to provide leadership and resources in partnership with the community toward accomplishing this mission.

What We Support:

The Humboldt County Community Foundation will provide grants to improve life in Humboldt 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
- Grant request minimum is \$____; maximum is \$_____.

Application Deadline: January 6, 2017 at 4:00 PM

Hand delivered to the City of Humboldt, 29 5th Street South, Humboldt, IA 50548.
If mailed, must be postmarked no later than January 6, 2017.

**Mandatory pre-application meeting will be held:
Thursday, December 8, 2016 from 6:00-7:00 PM
VFW Hall 412 Main Street, Dakota City, Iowa 50529**

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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
- ___ Project narrative information has been completed
- ___ Project timeline has been completed
- ___ Project promotion section has been completed
- ___ Project certification has been completed
- ___ **1 Original and 6 stapled copies** of entire application (may not apply)
- ___ All grant applications postmarked with US Post Office postmark 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.

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GRANT APPLICATION COVER PAGE

Applicant Requesting Funding/Fiscal Sponsor (if the organization is not a 501(c)(3)):	
Organization conducting project (if different from Application/Fiscal Sponsor):	
Project Title:	
Federal tax identification number of Applicant/Fiscal Sponsor (EIN):	
<p>Application/Fiscal Sponsor</p> <p>Address:</p> <p>Contact Person & Title:</p> <p>Phone: _____ Email: _____</p>	
<p>Organization/Project (if different)</p> <p>Address:</p> <p>Contact Person & Title:</p> <p>Phone: _____ Email: _____</p>	
Total Cost of Project:	Amount Requested:
<p>Type of Request:</p> <p><input type="checkbox"/> Program Based <i>(Operational, activity, general programmatic support)</i></p> <p><input type="checkbox"/> Capital Based <i>(The building of or physical improvement of something)</i></p>	<p>Project Focus Area:</p> <p><input type="checkbox"/> Arts/Culture/Humanities</p> <p><input type="checkbox"/> Human Services</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Environment/Animals</p> <p><input type="checkbox"/> Public/Society Benefit</p> <p><input type="checkbox"/> Health</p> <p><input type="checkbox"/> Other</p>
Brief Description of Organization:	
Brief Description of Project:	

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QUESTIONS OF PURPOSE

Describe the need or problem being addressed by this project:

Explain how this project will benefit the citizens of this county:

What area or population is being served?

Explain your organizations ability to carry out and ensure success of this project:

Describe the timeline of the project:

Explain how you will allocate funds for your project:

Have you previously received funding from Humboldt County Community Foundation? If so, when?

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 \$

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 ORGANIZATION BUDGET CONTINUED

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 Expenses \$

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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.)