

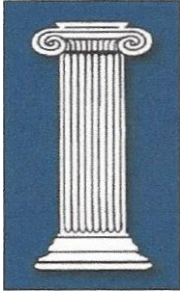
2022

# Guthrie County Community Foundation

An Affiliate of the Community Foundation of Greater Des Moines

## GRANTING PROGRAM

---



### INTRODUCTION

The mission of the Guthrie County Community Foundation is to foster giving, strengthen service providers, and improve the local conditions and quality of life. To these ends, the Guthrie County Community Foundation promotes philanthropy, endowment building, community-building, capacity building, grant making, organizational collaborations, and public leadership for the benefit of Guthrie County, Iowa. Guthrie County Community Foundation's funding policy provides that general unrestricted funds available for distribution are dedicated to nonprofit and charitable organizations, (i.e. to qualifying 501(c) or tax-exempt equivalent organizations) serving the needs of the citizens of Guthrie County.

### MISSION:

The Guthrie County Community Foundation Granting Program exists to improve the quality of life in Guthrie County through projects leading to job creation and retention, family and children, environmental, recreational and religious projects.

### ELIGIBILITY:

The Grant Award Program is open to organizations holding a proper IRS Section 501(c) or equivalent tax-exempt status and a Certificate of Existence with the Iowa Secretary of State. It can include tax-exempt schools, libraries and city governments, as long as the project has a uniquely identifiable budget. For those applicants awaiting IRS application of their 501 (c) status, the use of fiscal sponsors is allowed, though no administration fees can be paid via the Guthrie County Foundation Assets. The project to be funded must be located within Guthrie County.

### APPLICATION PROCESS:

Guthrie County Community Foundation (GCCF) applicants must use the provided forms. Additional materials are to be provided as attachments to the end of the application. A non-profit organization may expect the following procedures in regard to its request:

- The current year application form must be used and accepted.
- Two (2) letters of support for the project must be included with the application. A letter of support may not come from the application author. Do not attach more than two.
- All applications must be received on or before the first MONDAY of March, 5:00 P.M. APPLICATIONS RECEIVED LATE WILL NOT BE CONSIDERED.
- Applications must be emailed, they cannot be faxed. Your application must be submitted as one (1) pdf file. Submitting your completed application as one (1) pdf file assists the Board in reviewing applications for completeness. GCCF does not take responsibility for notifying applicants of incomplete applications prior to the due date.
- All applications will be screened for Eligibility as described below.
- All Eligible applications will receive a written response in regards to the funding requested.
- All project applicants, whether the project has been awarded or denied, must wait until the next GCCF Grant cycle to reapply.

- Applications incomplete for any reason will be rejected. Please feel free to apply during the next granting cycle if your application was rejected. Please read the directions as you complete the application.

**NOTES TO THE APPLICANT:**

- All applicants are expected, if possible, to use Guthrie County, Iowa vendors for purchases of services or products that will be used in the project being funded.
- IRS 501(c) tax-exempt status is not to be confused with your Federal ID Number or state sales tax exemption number.
- Individual schools and churches may not have a separate tax-exempt certificate. They are either exempt by law or fall under a blanket exemption because of their ties to a municipality.
- Only one application per 501(c) or equivalent tax-exempt status will be accepted, unless applicant falls under the exemption of a municipality or taxing entity, and carries a separate identifiable budget.
- Each organization, once determined to be Eligible, should be prepared to make a brief presentation and answer questions from the Board. This Q&A will serve only to clarify the application.
- Funds available for the GCCF Granting Program vary each year. Applying for a grant does not guarantee the requested project or program will be funded.

**EXCLUSIONS:** The Guthrie County Community Foundation will not fund the following:

Support private, for-profit businesses OR nonoperating foundations.	Request for ticket/table purchases or advertising for benefits.
Recurring or on-going expenses, except "start up costs."	Support discriminatory activities.
Political causes, candidates, and lobbying efforts.	To replace an organization's long-term existing source of funding.
Individuals, including scholarships and personal benefits.	Being the primary source of operating budget support.

Email your completed application to: [GCCFoundation@gmail.com](mailto:GCCFoundation@gmail.com) as one (1) pdf file.

1. If the applicant does not have a 501(c)(3) or has equivalent tax-exempt status then the applicant must use a fiscal sponsor that has 501(c)(3) status. The grant check will be made out to the fiscal sponsor – they have the 501(c)(3) status.
2. Applications submitted must have a dollar-for-dollar match minimum. Of the required project amount, no less than 25% of that amount shall be in the form of cash on hand. Be sure to indicate who owns the cash and what type of cash (e.g. checking, savings, CDs, donations, etc...). The remaining 25% of the required match may be "IN-KIND."  
Example: Project= \$5,000.00. Grant request is \$2,500.00 Applicant MUST have at least \$1,250.00 in cash on hand. \$1,250.00 may be InKind
3. If an organization is applying for funds for any project, which involves property that is not owned/operated by the applicant, the applicant must provide authorization from the owner/operator of the facility.
4. Recommendations for funding will be determined by the GCCF Board of Directors.
5. Applicants will be notified of their funding status within 60 days of the application deadline.

6. Applicants who have been awarded funding will be required to complete a funding agreement which outlines the terms and conditions of the award. The original agreement must be executed and returned to GCCF within 20 working days of receipt. When received, the award will be distributed. If a grantee does not require the full amount funded, GCCF holds those funds to benefit future applicants.
7. Successful applicants will be required to send a minimum of one representative to an annual public reception in recognition of the applicant's project and to share our success story with the public.
8. Upon completion of the project, Attachment 3 of the application must be completed and returned to GCCF. Failure to do so may jeopardize future granting opportunities for the organization.
9. All contracts have a funding expiration date of December 31<sup>st</sup> of the year awarded.. The award may be automatically terminated at that time. The GCCF will consider written requests for an extension. Requests for an extension must be made at least 30-days prior to the contract end date. The maximum time allowed for an extension will be an additional 15 months. If at the end of the extension period the project still is not completed, the grant funds will revert back to the general pool of funds.
10. Funding for your project is a one-time opportunity. Additional funding requests for the same project will not be considered.
11. Depending upon available funding, GCCF sometimes will offer mini-grants outside of the normal funding cycle. If this is for a mini-grant, the funding request cannot be for a currently funded project or previously funded project. All rules for eligibility and documentation are the same for mini-grants.
12. Grant checks will be mailed to the address provided on the application..

# 2022 GRANT APPLICATION FOR REQUESTS OF \$10,000 OR LESS

1. **APPLICANT** requesting funding:

Applicant Address:

Contact Person:

Phone:

Email:

2. Federal Tax ID # of Applicant

3. **FISCAL SPONSOR** (if applicant is not a 501(c)3 from above):

Fiscal Sponsor Address:

Contact person:

Phone:

Email:

Federal Tax ID #:

4. Project Title:

5. Short Description of Project (one sentence):

6. Long Description of Project (one paragraph):

7. Cost of Project:

a. Amount of grant request: \$

b. Amount provided by others: \$

c. Amount provided by applicant: \$

d. Total 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)

8. Type of Request: (check one)

Capital Project (building improvements, structures, equipment, computers, etc.)

Program Based Project (activities, services, education, non-durable goods)

9. Project Focus: (check one)

Arts/Culture/Humanities

Health or Human Services

Education

Community Improvement

Youth Development

Recreation or Environment

10. Have you ever received funding from GCCF?  Yes  No

If Yes, what year was previous award received?

11. Anticipated completion date of Project:

# SIGNATURE PAGE

## AFFIRMATION

The undersigned certify that they are authorized to represent the Organization applying for a Grant and that the information contained in the 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 the Foundation.
- The Foundation has received nothing of material value in exchange for the grant.
- Information about the Organization and the grant may be used by the Foundation in any published materials.
- Representatives of the Organization receiving this grant will publicize the results of the grant received by the Organization and will acknowledge the Foundation for its contribution.
- I understand that due to the large number of applications received that missing information either on the grant application itself (e.g. missing the tax ID #, incorrect completion of the application, missing attachments, etc.) incorrect submission of the grant, or a late submission will disqualify the application being submitted. Guthrie County Community Foundation is NOT responsible for non-delivery of email transmissions.

\_\_\_\_\_  
*Signature of Authorized Person for the Organization*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Fiscal Sponsor (if applicable)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Fiscal Sponsor (if applicable)*

\_\_\_\_\_  
*Date*

### DEADLINES AND E-MAILING INSTRUCTIONS

The application must be received at the Guthrie County Community Foundation email address [GCCFoundation@gmail.com](mailto:GCCFoundation@gmail.com) by 5 PM on Monday, March 7, 2022. The emailed application **must** be sent in one transmission and needs to be a .pdf file. GCCF is not responsible for being unable to open files sent via email.

You will receive confirmation, via email, of receipt of application. If you do not receive email confirmation within 24 hours, please call (641) 755-3879. Guthrie County Community Foundation is **NOT** responsible for non-delivery of e-mail transmissions.

# POST-EVALUATION

**MANDATORY!** This form must be returned to Guthrie County Community Foundation upon the completion of the project. Attach all receipts, photos and any news articles mentioning the project.

***Failure to submit this report may deem the applicant ineligible for future awards.***

***E-mail completed form to: [GCCFoundation@gmail.com](mailto:GCCFoundation@gmail.com)***

<i>Organization:</i>
<i>Project Name:</i>
<i>Briefly summarize the goals of your project.</i>  <i>Were you able to attain the goals? Please explain.</i>
<i>Were there any unexpected successes or benefits as a result of your project?</i>
<i>Were there any unexpected barriers to overcome? What were they and how were you able to address them?</i>
<i>Do you plan to continue the project?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, will any of the past year's experiences cause you to change the project?</i> <i>If yes, how will the project be changed?</i>
<i>Was there any publicity, including any recognition of the Community Foundation grant, on your project?</i> <i>If yes, describe and attach copies. Please include pictures of your project implementation and/or results.</i>
<i>Post-Evaluation Submitted by:</i> _____ <i>Date:</i> _____

## 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.*
- *Attach a copy of the Fiscal Sponsor's official minutes, or other document, approving this sponsorship.*