**Decatur County Community Foundation**

**PO Box 278, Leon, IA 50144**

**Grant Application**

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| 1. ***APPLICANT requesting funding:***   ***Applicant Address:***  ***Contact Person: Phone: Email:*** | |
| 1. ***Federal Tax ID # of Applicant*** | |
| 1. ***FISCAL SPONSOR*** *(if applicant is not a 501(c)3 from above):*   ***Fiscal Sponsor Address:***  ***Contact person: Phone: Email:***  ***Federal Tax ID #:*** | |
| 1. ***Project Title:*** | |
| 1. ***Brief Description of Project*** *(one sentence):* | |
| 1. ***Cost of Project:***    1. **Amount of grant request:** $    2. **Amount provided by others:** $    3. **Amount provided by applicant:** $    4. **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) | |
| 1. ***Type of Request:*** *(check one)*   **Capital Project** (building improvements, structures, equipment, computers, etc.)  **Program Based Project** (activities, services, education, non-durable goods) | |
| 1. ***Project Focus: (check one)***   **Arts/Culture/Humanities**  **Health or Human Services**  **Education**  **Community Improvement**  **Youth Development**  **Recreation or Environment** | |
| 1. ***Anticipated completion date of Project:*** | |
| ***Signature:*** | ***Date:*** |

Application must be postmarked by **March 15,** no attachments.

Mail 6 copies of this one page to:  Decatur County Foundation    
P.O. Box 278  Leon, IA 50144