

Decatur County Community Foundation
PO Box 278, Leon, IA 50144
Grant Application

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. Brief Description of Project (one sentence):

6. 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)

7. Type of Request: (check one)

- Capital Project** (building improvements, structures, equipment, computers, etc.)
- Program Based Project** (activities, services, education, non-durable goods)

8. Project Focus: (check one)

- Arts/Culture/Humanities**
- Health or Human Services**
- Education**
- Community Improvement**
- Youth Development**
- Recreation or Environment**

9. 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