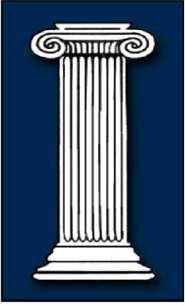


2021
Guthrie County Community Foundation
An Affiliate of the Community Foundation of Greater Des Moines
GRANTING PROGRAM



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) provides a grant application, which all applicants will receive with these guidelines. The applicant must use the provided forms. All additional materials are to be provided as attachments to the application. Please do **NOT** place supporting materials with each answer; instead please attach them to the end of the application. A non-profit organization may expect the following procedures in regard to its request:

- An application form and guidelines will be provided to each applicant. The current year application form must be used. Applications received on old forms will not be accepted.
- 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.
- 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. 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. 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:

<ul style="list-style-type: none">• Support private, for-profit businesses OR non-operating foundations.	<ul style="list-style-type: none">• Request for ticket/table purchases or advertising for benefits.
<ul style="list-style-type: none">• Recurring or on-going expenses, except “start up costs.”	<ul style="list-style-type: none">• Support discriminatory activities.
<ul style="list-style-type: none">• Political causes, candidates, and lobbying efforts.	<ul style="list-style-type: none">• To replace an organization’s long-term existing source of funding.
<ul style="list-style-type: none">• Individuals, including scholarships and personal benefits.	<ul style="list-style-type: none">• Being the primary source of operating budget support.

APPLICATION AND AWARD GUIDELINES

Email your completed application, with attachments to: GCCFoundation@gmail.com **Please email the completed application and attachments as one (1) pdf file.**

1. Include a copy of the Internal Revenue Service determination letter confirming 501(c)(3) tax-exempt status. Only 1 application can be submitted per applicant tax ID number except in the case of cities. The applicant is the group with the project. If the applicant does not have a 501(c)(3) 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. Include a copy of the Certificate of Existence from the Iowa Secretary of State. ***These two documents are not required for governmental entities.*** (GCCF will retain copies of these Certificates)
4. **Applications submitted must have a dollar-for-dollar match minimum.** Of the required match 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: Amount requested = \$10,000.00. Applicant MUST have at least \$2,500.00 in cash on hand. \$2,500.00 may be In-Kind
5. If 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.
6. Recommendations for funding will be determined by the GCCF Board of Directors.
7. Applicants will be notified of their funding status within 90 days of the application deadline.
8. 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.

9. 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 your success story with the public. The date of this reception is the first Thursday in November of each year.
10. 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.
11. All contracts have a funding expiration date of 12 months from the award date. 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 12 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.
12. Funding for your project is a one-time opportunity. Additional funding requests for the same project will not be considered.
13. 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.
14. Grant checks will be distributed during a public meeting. Please send at least one representative to receive your award once notified of the date. Checks not picked up will be returned and the grant award will be deemed denied. Be sure to use a mailing address checked frequently as failure to receive notices sent to the address on the application is not the responsibility of GCCF.

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. **A: TOTAL Cost of Project: \$** **B: Amount of Grant Request: \$**

6. **Type of Request: (check one)**
 Capital Project (building improvements, structures, equipment, computers, etc.)
 Program Based Project (activities, services, education, non-durable goods)

7. **Project Focus: (check one)**
 Arts/Culture/Humanities **Health or Human Services** **Education**
 Community Improvement **Youth Development** **Recreation or Environment**

8. **Have you ever received funding from GCCF?** Yes No
If Yes, what year was previous award received?

9. **Have you ever had an application for GCCF funding denied?** Yes No
If Yes, what year was the request made?

10. **Provide a brief description of the organization conducting the project:**

1. Describe the need or problem being addressed by this project:

2. What is the number of population that will be served?

3. List the activities or tasks that you will do to complete your project. (It is suggested that additional information be attached for grant requests exceeding \$10,000.)

4. Explain your organization’s ability to carry out and ensure the success of the project.

5. Explain how this project will have a lasting benefit for the citizens of Guthrie County.

6. Answer questions 6A and 6B ONLY if you indicated on page 1, line 6, this grant request is for a “Program Based Project”.

6A) Tell us of any other similar programs already in existence and why your proposed program is needed.

6B) What other organizations or partners are involved with this project?

Where are the MATCHING FUNDS coming from? <i>Checking, Savings, Donations? Who owns the matching funds?</i> Applications submitted must have at least 25% of the required match in cash on hand. 1.	\$
2. <i>In-Kind: LABOR/Materials & Supplies (May not exceed 25% of the required match).</i>	\$
Total MATCHING FUNDS	\$

PLEASE NOTE:

A 1-to-1 match, at a minimum, is required by the Foundation. Your request to GCCF may not be over 50% of the total project cost (see lines 9, 10 and 11 below).

Written estimates or bids must be attached.

CATEGORY	DESCRIPTION OF EXPENDITURE	COST
1. Contracted Services		\$
2. Education, Training, Communications & Marketing		\$
3. Equipment, Office		\$
4. Materials Purchased		\$
5. Other Major Expenses (Explain)		\$
6. Miscellaneous		\$
7. In-Kind: LABOR <i>(\$20/hr or Professional rate charged)</i>		\$
8. In-Kind: MATERIALS & SUPPLIES		\$
9. TOTAL Cost of Project	<i>(Sum of lines 1 – 8) (Must equal line 5A on page 1)</i>	\$
10. Amount of this Grant Request	<i>(Must equal line 5B on page 1)</i>	\$
11. Grant Request as a Percentage of Total Project Cost <i>(Line 11 may not exceed 50% of Line 9)</i>	<i>(Line 10 ÷ Line 9)</i>	%

Your grant application packet MUST include the following information, attached to the application in the order shown:

- Grant Application
- Attachment 1 – **IF** your Organization has a Fiscal Sponsor along with Resolution adopted by Sponsor Organization in accordance with Attachment 1
- Attachment 2 (or similar form) – Income Statement and Balance Sheet of Applicant
- Documentation from the IRS designating your organization as a tax-exempt entity.
- A Certificate of Existence from the Iowa Secretary of State stating that you are qualified to operate as an Iowa non-profit.
- A listing of the officers and directors of the applicant Organization, and their compensation, if any.
Is there any relationship between selected Contractors for completion of project and any members of the Organization?
 Yes No
- Two (2) letters of support for the project. Do not attach more than two.
- Subject line of email submission must state the applicant name e.g. GCCF, Yale Fire Dept, etc.
- Email submission shall consist of all documents in one pdf file.
- Written estimates or bids are attached.
- Have you provided your tax ID number on page 1? If not your application will be rejected.

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 by 5 PM on Monday, March 1st, 2021. 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.

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.*

501(C)(3) FINANCIAL INFORMATION

Applicant is to provide financial information – a current year income statement and balance sheet. The form below can be used for the income statement (e.g. if the applicant is a fire association provide the association’s information not the city’s information)

Applicant Financial Information

INCOME	
Source	Amount
Support	
Government Grants	\$
Foundations	\$
Corporations	\$
Individual Contributions	\$
Fundraising Events & Products	\$
Membership Income	\$
Income	
Government Contracts	\$
Earned Income	\$
Other (specify):	
1.	\$
2.	\$
3.	\$
TOTAL INCOME:	\$

EXPENSE	
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:	\$

Applicant Financial Information

ASSETS	
Source	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL ASSETS:	\$

LIABILITIES/EQUITY	
Item	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL LIABILITIES/EQUITY:	\$

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

<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>