

SCICF-Union County
PO Box 45
Creston, IA, 50801

Grant Application Overview

Mission Statement: To contribute to a better life for the people of Union County by helping donors carry out their charitable intent and by providing responsible stewardship of gifts for community purposes.

Types of Grants

Grants will be distributed 50% to **community grants** and 50% to **high impact grants**. Applications for community grants must be for \$1,000 or more. Applications for high impact grants must be \$10,000 or more.

Generally Will Not Fund:

- Existing debt
- Operating expenses, salaries or labor
- Consumable items, freight or shipping

Application Deadline:

April 1, 2022

Will be approved by June 1, 2022

Affiliate Grant Application Contact Information:

Judy Hopkins 641-202-6485

Erik Niggemeyer 319-530-0275

Rhonda Giles 641-782-8633

Sarah Long 641-202-2177

Peg Anderson 641-202-6290

Eligibility to Apply for Funding:

- 501(c)(3) tax-exempt, nonprofit organizations.
- 170(c)(1) component units of government organizations (*Fire Dept., Ambulance, Libraries, Parks, etc.*)
- Organizations providing services within Union County.
- If you are not a 501(c)(3) or a 170(c)(1), you must align yourself with a fiscal sponsor.
- The Final Report for all previous grants must be on file **prior** to submitting a new grant application.

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Grant Application – Cover Page

Project Title:

Date:

Applicant:

Federal Tax ID#: _____
___501(c)(3) organization ___170(c)1 government
___Other-_____

Address:

City:

State:

ZIP Code:

Contact Person Responsible for the Project & their Title:

Contact Phone:

Contact Email:

Project Budget: \$

Amount Requesting: \$

Project Start Date:

Estimated Completion Date:

Type of Grant:

___Community

___High Impact

Type of Project:

___Capital (building of or physical improvement of something) ___Program (operational, activity, general support)

Project Focus Area:

___Arts/Culture/Humanities ___Education ___Environment/Animals ___Health

___Human Services ___Public/Society Benefit ___Other _____

Brief Description of Organization:

Brief Description of Project:

Signature:

Date:

Send completed original application and 7 copies by April 1, 2022

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Please reach out with questions: Judy 641-202-6485, Erik 319-530-0275,

Rhonda 641-782-8633, Sarah 641-202-2177, Peg 641-202-6290

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Grant Application – 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?

Describe the project goals and objectives. Describe the steps you will follow to achieve goals and objectives, complete with timeline:

Describe how you will measure the impact/results of your efforts:

Will this project have long-term impact? How will this project be sustained?

Have you previously received funding from South Central Iowa Community Foundation? If so, when?

Project Budget

Income

Source	Amount
Individual Gifts	\$
Sponsor Cash	\$
Federal Gov. Grants	\$
State Gov. Grants	\$
Private Foundations	\$
Sponsor In-Kind	\$
Private In-Kind	\$
County Foundation	\$
Other	\$
Other	\$
Other	\$
Other	\$

Total:

Expenses

Source	Amount
Land Purchase	\$
Professional Services	\$
Construction Costs	\$
Equipment Purchase	\$
Construction Supplies	\$
Training Costs	\$
Personnel Costs	\$
Other	\$
Other	\$
Other	\$
Other	\$

Total: