

THE COMMUNITY FOUNDATION OF OSCEOLA COUNTY
300 7th Street, Sibley, Iowa 51249-1648
Email: mearll@osceolacoia.org
E-mail: psteinmetz@osceolacoia.org
Website: www.osceolacountyfoundation.org

Grant Application
~2016-2017 ~

Dear Nonprofit Colleague,

We are pleased to announce the availability of the 2016/2017 Community Foundation of Osceola County Grant Application. This form was developed to make the grant seeking process simpler and more efficient for nonprofits. Application forms for county grants for 2016/2017 can be obtained by contacting the OCEDC Office located in the Osceola County Courthouse on 300 7th Street, Sibley, Iowa 51249-1648. Phone (712) 754-2523 or e-mail mearll@osceolacoia.org or psteinmetz@osceolacoia.org. The Community Foundation of Osceola County maintains a website located at www.osceolacountyfoundation.org.

~ The Grant Committee~

The Community Foundation of Osceola County was formed in 2005/2006 to coordinate and provide philanthropic support for community betterment projects in Osceola County. The Community Foundation of Osceola County receives, accepts, and distributes funds for educational, cultural, civic, and charitable purposes for the benefit of the greater community of Osceola County, Iowa. Our goals are to assist qualified organizations through grant distributions, encourage individual and corporate involvement through gifts and bequests, and to administer and invest funds for the creation of perpetual opportunities and services. The foundation is made up of community minded individuals who have the ability to assess community needs, implement asset development, evaluate area grant applications, encourage partnerships and initiate activities to enhance Osceola County. Each year the foundation makes grant awards to worthwhile projects located in the county that are identified through a community grants application process. Our foundation's areas of emphasis include:
** Arts & Cultural Needs * Community and Economic Well Being Needs * Health Needs * Human Services Need * Recreation Needs * Environment Needs * Technology Needs*

The Community Foundation of Osceola County makes grants to I.R.S. 501(c)(3) 'tax exempt' organizations and 170(b) 'unit of government' organizations to assist in fulfilling the Foundation's mission to *foster private giving, strengthen service providers and improve the conditions of the community, county, or area of interest*]. Our foundation promotes endowment building, community grantmaking, organizational collaboration, and public leadership for the benefit of the Osceola County area.

The Community Foundation of Osceola County is an affiliate of the Iowa Community Affiliate Network, a collaboration of the Greater Des Moines Community Foundation (GDMCF) and the Iowa Area Development Group Community Foundation, who have recognized the need for new avenues to encourage philanthropy throughout Iowa. The Iowa Community Affiliate Network currently serves 31 counties throughout Iowa, including an "umbrella" or "Family" of related funds benefiting specific communities and projects. Each Affiliate advises on a geographically focused collection of funds. They are components of the GDMCF sharing in its tax-exempt status and developed to increase the philanthropic base for Osceola County.

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PLEASE SUBMIT EIGHT COPIES OF THE COMPLETED APPLICATION BY MAIL TO:

The Community Foundation of Osceola County
300 7th Street
Sibley, Iowa 51249-1648
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E-mail: mearll@osceolacoia.org
E-mail: psteinmetz@osceolacoia.org
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DO NOT E-MAIL YOUR COMPLETED APPLICATION TO OUR OFFICE

**APPLICATIONS ARE PREFERRED TO BE TYPED
AND IF NOT TYPED, THEY MUST BE VERY LEGIBLE**

**APPLICATION WINDOW (Time frame to receive grant requests) FROM
September 28, 2016 THRU November 10, 2016 AT 4:30 p.m.**

Important Data for Grant Requests:

WHO IS ELIGIBLE?: 501(c)(3) tax-exempt, not-for-profit organizations; Cities and towns with projects that does not replace tax dollars for activities; organizations providing services within the county: operating and organized in compliance with applicable laws prohibiting discrimination.

Any organization who has an outstanding grant from previous years that have not spent all their grant dollars, or has not completed the evaluation form and supporting materials by November 10, 2016, will not be eligible to apply for a new grant in during the 2016-2017 grant cycle.

WHAT WE LOOK FOR?: Projects that address significant community issues; present innovative, creative and practical proposals which build on community strengths; develop the leadership potential of the community; involve people served in the planning and implementation of the program; provide a plan for sustainability beyond the funding period; capital projects that impact a significant number of Osceola County residents.

WHAT WE FUND?: Our foundation offers grants in the following areas: Arts and Cultural needs; Community and Economic Well Being Needs; Environment Needs; Health Needs; Human Services Needs; Recreation Needs; and Technology Needs.

WHAT WE DO NOT FUND: Cannot fund: ongoing project support and operating support; annual and capital campaigns; equipment unless it is essential for the program; budget deficits; endowments; individuals; recurring funds; religious purposes (this does not exclude grants to religious organizations for non-religious purposes).

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HOW MUCH CAN BE FUNDED? Application limits are set at \$3,500.00 per application per applicant.

GRANT CYCLES-TIMELINES: Applications can be submitted to Mike Earll or Peggy Steinmetz, The Community Foundation of Osceola County, 300 7th Street, Sibley, Iowa 51249 from **September 28, 2016 through November 10, 2016 at 4:30 p.m.** Do **NOT** E-mail your completed application to our office. The funding decisions will be made public sometime during late January 2017 or early February, 2017.

EVALUATION CRITERIA: Benefit to residents of the county; number of residents who will be affected; limitation on the use of funds for capital or program expenditures; past grants to your organization; completeness of application; identification of needs and how funds will address needs; collaborative relationships and matching funds (leverage).

LIMITATION OF APPLICATIONS: There is a limit of one application per organization per grant cycle.

WHO REVIEWS THE GRANT APPLICATIONS: The Community Foundation of Osceola County Board of Directors reviews the grant applications according to a predetermined schedule. The Community Foundation of Osceola County Board of Directors establish a Grant Review Committee consisting of one person from each of the County's units of local governments and then submits their recommendation for funding to the CFOC which then approves the recommendation. Then the recommendations for funding are sent to the Iowa Community Affiliate Network c/o the Greater Des Moines Community Foundation Executive Committee for final action and disbursement of funds at least once a year.

DO ALL GRANTS HAVE TO BE COMPETITIVELY AWARDED? Not necessarily, because the Community Foundation of Osceola County Board of Directors have taken the time to study and assess the needs of our county they may determine a separate process where awards are given for innovation or capacity building or any other circumstance found necessary for the advancement of the purposes of the Foundation.

PRINTING INSTRUCTIONS:

In the event a printed line in the application does not have room for your information, or it moves the line to a lower location, place your cursor on the line and press delete until you have the needed space for your entry.

***When submitting 8 copies of your completed grant, begin with the "Cover Sheet."
The first 3 pages of instructions are not necessary to copy.***

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Cover Sheet

You may reproduce this form on your computer

Date of application: _____ Application submitted to: _____

Project Name: _____

Organization Information

<i>Name of organization</i>	<i>Legal name (as listed with IRS)</i>	
<i>Organization Address</i>	<i>City, State, Zip</i>	<i>Employer Identification Number (EIN)</i>
<i>Phone</i>	<i>Fax</i>	<i>Web site</i>
<i>Name of contact person regarding this application</i>	<i>Phone</i>	<i>E-mail</i>

Type of funding sought (mark "X" one) Capital Support Special Project

Project focus area (mark "X" all that apply):

Human Services Health Recreation Technology
 Community & Economic Well Being Art & Culture Environment

Is your organization an IRS 501 C-3 not-for-profit? Yes No

If no, is your organization a 170b unit of government? Yes No

If no to both, you must have a fiscal agent. Please list name, address, phone & fiscal agent contact person:

_____ *Fiscal agent's EIN number*

What is your fiscal calendar? (Mo/Yr) to (Mo/Yr) _____

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Describe your organization's charitable purpose, program activities, and population served. (4-5 sentences)

List any major changes that have taken place in your organization in the last two years.

Briefly describe your organization's history (year organized) and major accomplishments.

Application

Request Summary

Describe the proposed project, including the goals and objectives. Discuss the community need for the project, the benefits for the community as a result of the project and the community support for the project.

Population served
(estimated #): _____

Grant monies needed:
(Mo/Yr) to (Mo/Yr) _____

Total project cost:

Total requested from the
Community Foundation \$ _____

Are matching
funds being used?

What percentage of total funds are
matched dollars? *(Grant Requested / Total
project cost subtracted from 1.00)* _____ %

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Outline other resources or partners identified to assist with the project; other funding secured, applied for and proposed for the project:

Indicate desired impact and how you will measure and evaluate the results of the project. Be specific regarding community needs/issues your project will address.

What is the timeline for this project?

Attachments

In order to be considered for funding, your application **MUST** include the following items if applicable:

Check as completed	<i>(Bold items must be included)</i>	<i>(Mark "NA" on others if not applicable)</i>
_____	List of Board of Directors and their affiliations and/or committee members	
_____	Copy of latest Federal IRS Tax-exempt status letter	
_____	Signed 'Letter of Intent' to act as a fiscal agent - only if you are <u>not</u> a 501(c)3 or 170b status	
_____	Signed Applicant Board Approval Agreement (see below)	
_____	Copy of most recent CPA audit, financial statement or tax return (IRS 990 form) <i>(Only 1 copy needed of audit, financial statement or tax return.)</i>	
<i>(Please add copies of items listed above to the back of the grant application)</i>		

Board Approval from Applicant Organization:

We approve submission of this grant request and certify that the purpose of this request is charitable and that monies received from the Community Foundation will be used solely for the project stated in this application.

Board Chairman Signature

Date

Printed Name

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***** BUDGET FOR THIS PROJECT ONLY *****

YOU MAY ATTACH A DETAILED BUDGET FOR THIS PROJECT ONLY IF THE FORM BELOW DOES NOT MEET YOUR NEEDS

Name or short description of proposed project: _____

INCOME

<u>Source of Resources</u>	<u>Amount</u>
Community Foundation Grant requested	\$ _____
Other Grants	\$ _____
Fundraising events and products	\$ _____
Value of volunteer labor (____hrs.@ \$____/hr.)	\$ _____
Donated Materials _____	\$ _____
Donated Equipment	\$ _____
Individual Contributions	\$ _____
Other (Specify) _____	\$ _____
_____	\$ _____
_____	\$ _____
Total Income.....	\$ _____

EXPENSES

<u>Item</u>	<u>Amount</u>
Salaries & wages	\$ _____
Materials	\$ _____
Value of volunteer labor (____hrs.@ \$____/hr.)	\$ _____
Donated Materials _____	\$ _____
Donated Equipment	\$ _____
Labor Costs	\$ _____
General operating	\$ _____
Other (specify) _____	\$ _____
_____	\$ _____
_____	\$ _____
Total Expense	\$ _____
Balance (Income less Expense)	\$ _____
<i>(Should = \$ 0.00)</i>	

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ORGANIZATION BUDGET

If you already prepared an organization budget that contains this information, please feel free to submit it in its original form. Feel free to attach a budget narrative explaining your numbers if necessary.

Budget for the period _____ to _____

INCOME

<u>Source</u>	<u>Amount</u>
<i>Support</i>	
Government grants	\$ _____
Foundations	\$ _____
Corporations	\$ _____
Individual contributions	\$ _____
Fundraising events and products	\$ _____
Membership income	\$ _____
 <i>Revenue</i>	
Government contracts	\$ _____
Earned income	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Income	\$ _____

EXPENSES

<u>Item</u>	<u>Amount</u>
Salaries & wages	\$ _____
Insurance, benefits & other related taxes	\$ _____
Consultants & professional fees	\$ _____
Travel	\$ _____
Equipment	\$ _____
Rent and utilities	\$ _____
General operating	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
Total Expense	\$ _____
Balance (Income less Expense)	\$ _____

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Balance Sheet

Date _____

Assets		Liabilities	
Cash	\$ _____	Current	\$ _____
Securities	\$ _____	Long-term	\$ _____
Real Estate	\$ _____	Other (specify)	\$ _____
Other (specify)	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Total Assets	\$ _____	Total Liabilities	\$ _____
		Net Worth	\$ _____
		Total Liabilities & Net Worth	\$ _____

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Evaluation – To be returned upon completion of grant or project year-end

Organization: _____

Project Name: _____

Please briefly summarize the goals of your project. Were you able to attain the goals of your project? Please explain. Were there any unexpected successes/benefits?

What method was used to evaluate the project? Please detail program/project results and the tools you used to measure the change.

Were there any unexpected barriers to overcome? What were they and how were you able to address them?

Do you plan to continue the project? If yes, will any of the past year's experiences cause you to change the project? If yes, how will the project be changed?

Was there any publicity, including any recognition of the Community Foundation grant, on your project? If yes, please describe and attach copies. Please include pictures of your project implementation and/or results.

Board Chairman (Signature)

Date

(Printed Name)