The Community Foundation of Greater Plymouth County 2017 Grant Application Information

The Foundation of Greater Plymouth County was formed in 2005 to coordinate and provide philanthropic support for community betterment projects in Plymouth County. The CFGPC is an affiliate of the Iowa Community Affiliate Network, a collaboration of the Community Foundation of Greater Des Moines and the Iowa Area Development Group Community Foundation. Each year the Foundation makes grant awards to worthwhile projects located in the county that are identified through this community grant application process.

CFGPC Foundation's areas of emphasis include:

- Children, Youth, and Families Programs that enhance the quality of life for children and youth through opportunities to enhance their intellectual, emotional, physical, and social development
- Community Betterment-Neighborhoods and Community Development Programs that address community and neighborhood development, both social and economic
- **Health and Human Services** Social service projects that benefit the underserved segments of the community
- **Education** Community education and service projects that serve all age groups and segments of the population
- The Environment Programs that address our natural resources and environment
- Arts and Culture Programs that provide or increase access to cultural and educational resources for theatre, music, arts, dance, and museums and that increase awareness of arts and culture

Please note that we do not fund:

Individuals * Demographics outside Greater Plymouth County area * Fundraisers * Debt reduction or budget shortfall * Politics/causes * Religious purposes (this does not exclude grants to religious organizations for non-religious purposes) * Equipment, unless it is essential for the program * Ongoing expenses, such as wages * Endowments

When filling out the Cover Sheet, please note if requested funds are for **capital support**, which refers to repairs or improvements to buildings, or **special project**, which refers to a one time event, project or program.

You may access the application forms online at the following web sites: Iowa Community Foundations web site: http://www.iowacommunityfoundations.org/

All applications must be typed or completed on a computer as a word document, no hand written applications will be considered.

The Community Foundation of Greater Plymouth County 2017 Grant Application Instructions

Grant amounts are dependent upon the allocation of funds available to the Community Foundation each fiscal year. Grants are limited to nonprofit organizations and projects serving Greater Plymouth County. Grant applications will be available yearly during the grantmaking period. Grant applications are due on August 15, 2017. Grants awards will be announced in early October and all grant applicants will be notified as to approval or denial. Requests in excess of \$10,000 will not be considered.

Your organization must be a 501(c)(3) or a unit of government 170(b). Agencies that qualify as a 170(b) include counties, cities, and schools and do not need an IRS letter. If the applicant is not a 501(c)(3) or 170(b) organization, a fiscal agent is required who is 510 (c)(3) or 170(b). The fiscal agent will be responsible for grant funds. Provide the name, address, phone, and EIN number of the fiscal agent, as well as a letter of support from your fiscal agent.

We ask that the Community Foundation of Greater Plymouth County be given credit in media releases. You must return any portion of the grant monies not used for the original designated purpose. A project report, including copies of paid receipts, must be submitted within twelve months of receipt of the grant check. (Successful grant recipients will receive an agreement form.) The agreement form indicates the grant recipients' agreement to use the funds for the purpose requested. Checks for the amount granted will be available before October 1, 2017, and upon CFGPC receipt of signed agreement.

Completed applications must include the following:

- 1. Cover Sheet and Application Form not to exceed a combined total of 3 pages, **8 copies of each.** Please do not submit additional narrative, brochures or additional cover letter.
- 2. Completed Project Budget Sheet not to exceed one page **8 copies**. Include letters of commitment for in kind contributions and other funding sources. **8 copies**.
- 3. List of Board of Directors or Officers, and their contact information. 8 copies.
- 4. **Eight copies** of latest Federal IRS non-profit status letter. If you are sponsored by a Fiscal Agent, include their Federal IRS non-profit status letter. Units of government 170(b) do not include a Federal IRS letter.
- 5. Please staple collated applications in the upper left corner of the entire application and supporting materials.
- 6. No covers, please.

Please submit your completed application packet by email, mail or hand deliver to: Julie Ann Madden
20514 Fawn Avenue
Akron, IA 51001

Questions? Contact: Julie Ann Madden, Treasurer Telephone 712-389-0153

elephone 712-389-0153 E-mail: editor@akronhometowner.com

Applications must be received by August 15, 2017. Grants will be announced in early October.

The Community Four Date of application:	2017 Cover Sheet	z z z mouch ou	
	anization Informati	ion	
Name of organization	Legal name (as lista	ed with IRS)	
Organization Address City, State, Zip	o Employer Identific	cation Number (EIN) if	applicable
Phone Fa.	ıx	Web site	
Name of contact person regarding this application	Phone	E-	mail
Type of funding sought (check one):	Capital Support	Program Suppo	rt
Project focus area (check the most appropriate):	Children, Youth, and Families	Community Betterment	Health & Human Services
	Education	Environment	Arts & Culture
Is your organization an IRS 501(c)(3) not-for-profit	t?		Yes No
Is your organization a 170b unit of government? (C	City, County, School)		Yes No
If no, you must have a fiscal agent. Please l	list name, address, pho	one and fiscal agen	t contact person:
What is your fiscal calendar? (Mo/Yr) to (Mo/Yr)	Fiscal age	ent's EIN number
what is your install calculate. (1110/11) to (1			

The Community Foundation of Greater Plymouth County 2017 Grant Application Form

1. What is the title of your project (3-4 word description)? Examples: "Expansion of Children and Infant Care", "Purchase of Music Instruments", "Community Event Sign"
2. Briefly describe your organization's history (year organized) and major accomplishments.
3. Describe the proposed project for which funds are requested, including the goals and specific, measurable objectives and timetable to reach project goal and by whom, when and where it will be implemented?
4. Identify community needs that will be met as a result of this project. Do other organizations in your community address this need? Have you attempted to collaborate with others who provide this service? If
so, why are your services needed?

5. What other funding sources have y	ou attempted to acquire, but were unsuccessful?
_ · · · · · · · · · · · · · · · · · · ·	project and how you will measure and evaluate the results of the nity needs/issues your project will address.
Population served (Estimated):	Grant monies needed: (Mo/Yr) to (Mo/Yr)
Total Project Cost: \$	Total requested from the Community Foundation: \$
What % of total funds needed for the pr	oject has been promised or acquired?%
	ne following in your grant application. Your t is missing any one of the following as described in the
List of Board of Directors/Officers v	-kind contribution and other funding sources.
· ·	chair of your organization confirms that this application correct to the applicant's belief and knowledge, and for n.
Signature	Date

Community Foundation of Greater Plymouth County Project Budget Sheet

Title of Proje	ct

Budget Form

Attachments should include: Letter(s) of commitment for in-kind contributions and/or volunteer labor, estimates or bids, and other funding sources.

A	TOTAL PROJECT COSTS	
	Itemize specific expenses below and provide dollar amount.	
#	Item	Amount (\$)
1	Room Location (In-Kind contribution)	\$500.00
2	Teacher	\$250.00
3	Snacks	\$500.00
4	Teacher Supplies	\$100.00
5	Craft Supplies	\$1,000.00
6		
7		
8		
	Total Cost of Project	\$2,350.00
	Reminder: Section A costs should equal the combined totals in sections B, C and D.	
В	IN-KIND CONTRIBUTIONS	
<i>D</i>	Itemize below and estimate dollar amount. Please attach letter(s) of commitment.	
#	Item	Amount (\$)
1	Room location for after school program - YMCA	\$500.00
2	Teacher	\$250.00
3		
4		
5		
6		
	Total In-Kind Contributions	\$750.00
C	FUNDING FROM SOURCES OTHER THAN THIS GRANT	
	Itemize below and estimate dollar amount. Please attach letter(s) of commitment.	
#	Item	Amount (\$)
1	Plymouth County Farm Bureau (cash donation for nutritious snacks)	\$500.00
2	Plymouth County Farm Bureau (teacher resource books)	\$100.00
3		
4		
5		
6	Total from sources other than this grant	\$600.00
D	TOTAL REQUESTED FROM CFGPC	
	Itemize specific expenses below and provide dollar amount.	
#	Item	Amounts(\$)
1	Craft Supplies	\$1,000.00
2		
3		
4		
5		
6		
	Total Amount Requested from CFGPC	\$1,000.00

Community Foundation of Greater Plymouth County Project Budget Sheet

3 4 5

6

D

Item

	Title of Project	
Buc	lget Form	
	achments should include: Letter(s) of commitment for in-kind contributions and/or vo	lunteer labor,
esti	mates or bids, and other funding sources.	,
A	TOTAL PROJECT COSTS	
	Itemize specific expenses below and provide dollar amount.	
#	Item	Amount (\$)
1		
2 3		
4		
5		
6		
7		
8		
	Total Cost of Project	
	Reminder: Section A costs should equal the combined totals in sections B, C and D).
B	IN-KIND CONTRIBUTIONS	
	Itemize below and estimate dollar amount. Please attach letter(s) of commitment.	
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#		Amount (\$)
1		Amount (\$)
1 2 3		Amount (\$)
1 2 3		Amount (\$)
1 2 3 4 5		Amount (\$)
	Item	Amount (\$)
1 2 3 4 5 6	Item Total In-Kind Contributions	Amount (\$)
1 2 3 4 5	Item Total In-Kind Contributions FUNDING FROM SOURCES OTHER THAN THIS GRANT	Amount (\$)
1 2 3 4 5 6	Item Total In-Kind Contributions	Amount (\$) Amount (\$)

Total from sources other than this grant

Total Amount Requested from CFGPC \$

Amounts(\$)

TOTAL REQUESTED FROM CFGPC

Itemize specific expenses below and provide dollar amount.