

## **Grant Application Instructions**

1. Please provide a complete budget. The budget of your project needs to include the full cost balanced with the funding to complete the project. Costs offset by donated work or materials do count in the formula. Please show what other funding is available other than Greater Madison County Community Foundation grant funding.
2. Please provide a complete description of the project. The project description does not need to be long. In fact - we appreciate a short well written description.
3. If you have a video presentation of your project provide a link where board members can view your video.
4. If you are including a project brochure you will need to include 16 copies.
5. **Please call the Foundation office at 515.462.1891 if you have questions.**



Grant # \_\_\_\_\_ (For Foundation Use)

1217 North Sixth Avenue, Suite 3

(515) 462-1891

[tom@madisoncountydevelopment.com](mailto:tom@madisoncountydevelopment.com)

Please submit the original and 16 copies of the four-page application (plus any attachments requested, or you deem necessary) to The Foundation.  
(The application will not be considered unless 16 copies are submitted.)

**The application deadline is 4:00 PM, ~~March 25~~ April 8, 2022.**

**Project Title:** \_\_\_\_\_

**Organization Information**

Name of organization: \_\_\_\_\_

Legal name (as listed with IRS) (If different from above): \_\_\_\_\_

Organization Address: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

Name of contact person regarding this application: \_\_\_\_\_

Relation to organization: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**If your organization is not an IRS 501(c)(3)** you must have a fiscal sponsor that is either a 501(c)(3) or 170 (c)(1) organization. (Applications submitted without fiscal sponsor will not be considered.) See page 4.

Organization: \_\_\_\_\_

**Total Cost of Project:** \_\_\_\_\_ **Amount Requested:** \_\_\_\_\_

**Overview**

Brief Description of Organization: \_\_\_\_\_

\_\_\_\_\_

Brief Description/Explanation of Project: \_\_\_\_\_

\_\_\_\_\_

**Type of Request (check one):**     Capital Based or  Program Based.

**Program Based:** Operational, activity, general programmatic support.

**Capital Based:** The building of or physical improvement of something.

**Project Focus Area (check one):**

Arts/Culture/Humanities     Human Services     Education     Environment/Animals

Public/Society Benefit     Health     Other

Have you received funding from The Foundation previously? \_\_\_\_ Yes \_\_\_\_ No  
If yes, when? \_\_\_\_\_

Continued

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**The Greater Madison County Community Foundation**

Are you requesting for the continuation of a previously funded Foundation project?  Yes  No.  
If yes, please indicate reason. \_\_\_\_\_

\_\_\_\_\_

What is your accounting year? (Mo) to (Mo) \_\_\_\_ to \_\_\_\_.

Describe your organization's charitable purpose, program activities, and population served:

\_\_\_\_\_

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

\_\_\_\_\_

Briefly describe your organization's local history and major accomplishments.

\_\_\_\_\_

\_\_\_\_\_

**Request Summary**

Describe the proposed project, including the goals and objectives. Discuss the community need for the project, the benefit(s) for the community because of the project and the community support for the project and any other information you deem to be significant. (Attach a single sheet if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Considering the availability of project funding, describe your timeline for the project including expected start and completion dates. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Population served** (estimated #): \_\_\_\_\_

**Project Budget**  
**Expenses**

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

**Total:**

**Income**

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

**Total:**

(Should equal cost of total project.)

**\*In-kind gift:** when a foundation or other entity contributes a good or service in lieu of providing monetary grants. In-kind contributions support the daily operations of an organization.

**Approval Agreement from Applicant Organization**

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

Board Chairman or designated representative: \_\_\_\_\_  
(Signature required)

Printed name of Chair, or representative: \_\_\_\_\_

Date: \_\_\_\_\_

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**Applications are due ~~March 25~~ April 8, 2022.**

Please deliver to:

Foundation Office  
C/O Madison County Development Group  
1217 North Sixth Avenue, Suite 3  
Winterset, Iowa 50273

Applications will not be accepted electronically.

**Thank you!**

**Questions should be directed to the Foundation Administrator (515) 462-1891 or Foundation President Jerry Parkin at 515-344-8497.**

Continued

If organization applying is not a 501 (c)(3) this form must accompany the grant application.

**Fiscal Sponsorship Agreement**

Date: \_\_\_\_\_

Fiscal Sponsor (Legal Applicant): \_\_\_\_\_

Fiscal Sponsor Contact Person and Email: \_\_\_\_\_

Fiscal Sponsor Full Mailing Address: \_\_\_\_\_

Sponsored Organization Conducting Requesting Funding: \_\_\_\_\_

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**Project Name:** \_\_\_\_\_

\_\_\_\_\_ (hereafter referred to as **The Sponsor**) has agreed to serve as a fiscal/program sponsor for the \_\_\_\_\_ (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. (i.e., a letter from a city, confirming their status as a government entity. Contact our Administrative Office with questions, or for examples of a letter from a city.) \**

**Definitions/Explanations**

**Fiscal Sponsor:** is an organization that is receiving the money on behalf of the grant applicant and is responsible for disbursing the money for the project and maintaining appropriate documentation. This entity must be a 501(C)(3) or a 170 (c)(1) unit of government to serve in this capacity. A fiscal sponsorship agreement must accompany the grant application if a fiscal sponsor is being used. Organizations must be recognized by the Internal Revenue Service as tax-exempt, nonprofit, public charities under section 501(c)(3) or as a "unit of government" under Section 170(c)(1) to receive grant funding. A 501(c)(3) is a section of the Federal Tax Code, which establishes the criteria for tax-exempt charitable organizations. Section 170(c)(1) refers to agencies that conduct activities to benefit the public at large, like public schools, state universities, public libraries, and volunteer fire departments.

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