

Wright County Charitable Foundation
Grant Application – NOTE CHANGES TO REQUEST SUMMARY PAGE
~ Fall 2011 ~ Original + 7 Copies (Total of 8)

Dear Nonprofit Colleague,

We are pleased to announce the availability of the Wright County Charitable Foundation Grant Application. This form was developed to make the grant seeking process simpler and more efficient for nonprofits. This form may be downloaded from the website at www.wrightcounty.org or by contacting the Wright County Economic Development office at the Courthouse, 115 North Main Street, Clarion, Iowa or by calling (515) 532-6422.

~ The Grant Committee

The Wright County Charitable Foundation was formed in 2005 to coordinate and provide philanthropic support for community betterment projects in Wright County. The mission of the Wright County Charitable Foundation is to foster private giving, strengthen service providers and improve the conditions of the County. To these ends, it will promote endowment building, community, grantmaking, organizational collaboration, and public leadership for the benefit of the designated County. 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 Wright 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 & Culture/Humanities
- * Community Betterment
- * Education
- * Health & Human Services
- * Recreation & Environment
- * Youth Development

The Wright County Charitable Foundation 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 Wright County area.

The Wright County Charitable Foundation 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 Wright County.

Grant amounts are dependent upon the allocation of funds available to the Community Foundation each fiscal year limited to non-profits located in and projects serving the county and include any grant limits or restrictions you have established.

Please submit the original application and 7 copies by mail or at office to: (Note change in number of copies needed)

Any questions? Please call/email:

Wright County Charitable Foundation
c/o Wright County Economic Development
Courthouse, 115 N Main St, PO Box 214
Clarion, IA 50525

Dennis Bowman
(515) 532-6422
wced@co.wright.ia.us

Mailing Address on Application is Where Notification Letter Will Be Sent.

Wright County Charitable Foundation

Application deadline: **October 14, 2011 – 4:00 p.m.**

Cover Sheet – THIS IS THE TOP PAGE OF APPLICATION.

MAILING ADDRESS IS WHERE CORRESPONDENCE WILL BE SENT.

You may reproduce this form on your computer or go to www.wrightcounty.org to download a copy of this application to your computer.

THIS APPLICATION MUST BE TYPED AND NO STAPLES. TWO SIDED COPIES WILL BE ACCEPTED. PLEASE 3-HOLE PUNCH ALL COPIES. ORIGINAL & 7 COMPLETE COPIES.

Date of Application: _____

Application Submitted To: _____

Organization Information

Name of Organization: _____

Legal Name (as listed with IRS): _____

Organization Address: _____
City State Zip

Organization Identification Number (EIN): _____

Phone Number of Organization: _____ Fax: _____

Web Site: _____

Name of Contact Person Regarding this Application: _____

MAILING ADDRESS: _____

Contact Person Phone - Home: _____ Work: _____

Type of Funding Sought (circle one): Capital Project Special Project

Project Focus Area (circle all that apply):

Child/Youth
Development

Community
Betterment

Health & Human
Services

Elderly &
Seniors

Learning &
Education

Recreation &
Environment

Arts &
Culture

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 the above questions, you must have a fiscal agent. Please list name, address, phone and fiscal agent contact person:

Name: _____ Fiscal Agents EIN Number: _____

Address: _____ City, State, Zip _____

Phone: _____ Fiscal Agent Contact Person: _____

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

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.

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.

A. Area or Population served (estimated #):

B. Total project cost:

\$

C. Dollars to put towards Project

D. In Kind dollars for Project

\$

E. What percentage of total Project Cost will be matched dollars?

%

(C+D) divided by B = % of Matched Dollars

Total requested from the Community Foundation?

\$

Outline other resources or partners identified to assist with the project; other funding secured including other grants, 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? _____

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Attachments

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

- _____ Copy of latest Federal IRS Tax-exempt status letter
- _____ List of Board of Directors and their affiliations
- _____ Copy of most recent CPA audit, financial statement or tax return (IRS 990 form)
- _____ Signed "Letter of Intent" from a 501(c)(3) or 170(b) to act as your fiscal agent including a copy of their latest Federal IRS Tax-exempt status
- _____ At least two (2) written estimates of total project costs
- _____ Scale drawings and pictures if a capital project
- _____ Signed Applicant Board Approval Agreement (see below)

_____ 7 copies plus original to be submitted to grant committee – Total of 8

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 solely for the project stated in this application.

Board Chairman

Date

For Foundation use only:

Grant Committee	Determination:	Approved _____	Denied _____	Date _____
Board of Directors	Determination:	Approved _____	Denied _____	Date _____
Voting Membership	Determination:	Approved _____	Denied _____	Date _____

This application has been approved in the amount of \$ _____ on (date) _____.

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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

Cash	\$	
Securities	\$	
Real Estate	\$	
Other (specify)		
_____	\$	
_____	\$	
_____	\$	
Total Assets	\$	

Liabilities

Current	\$	
Long-term	\$	
Other (specify)		

Total Liabilities		
Net Worth		
 Total Liabilities & Net Worth		

Wright County Charitable Foundation

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

Date