



Greene County Community Foundation Grant Guidelines for 2009

Your Greene County Community Foundation Board of Directors is now taking applications for its 2009 grant cycle. Grant proposals that address one or more of the board's long-range objectives are strongly encouraged, but are not limited to the following:

- Assists in developing quality jobs and economic development.
- Helps to provide elder care and support services.
- Promotes the effectiveness and long-term viability of health care and wellness programs.
- Addresses community needs for police, fire and/or emergency services.
- Supports strong, stable families and provides solid beginnings for children and youth.
- Serves as a catalyst for youth and recreational activities.
- Promotes an active senior population.

Grants are made only to groups that are nonprofit organizations with 501(C)(3) status or to a government entity. Funding is limited to projects that will significantly improve the Greene County community and all projects must take place within the county.

The Foundation generally will not consider funding requests for

- Utilities, roads, and other infrastructure projects
- Ongoing annual operating expenses
- Grants to individuals
- Sectarian religious programs
- No federal funds may be used as in-kind match.
- Licensed vehicles

For questions call 515.386.2138, or stop by 104 West Washington, Jefferson, Iowa.

Grant funds will be made available to successful applicants in April. Projects are to be completed and the final evaluation returned by the following January 31st if possible.

Following this page is a 6 to 7 page application to be returned as specified, as well a copy of the grant scoring guidelines (page 8) and evaluation form (page 9) to help in understanding the selection process.

FYI: The mission of the Greene County Community Foundation is to foster private giving, strengthen service providers and improve the condition of the county. To these ends, it will promote endowment building, sense of community, grantmaking, organizational collaborations and public leadership for the benefit of the Greene county area.

Note to Applicant: Please remove this sheet, as well as the “Grant Scoring Guidelines” and the “Post-Grant Evaluation Form” when submitting your application. All three pieces are to help you in your grant writing.

Page zero. Remove from your application. Information only included to assist grant-writer.

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Greene County Community Foundation Grant Application

Special Opportunity for 2009

If your organization is applying for a grant amount of \$15,000 or less, please tear this sheet off and throw it away. This sheet will not be part of your grant application packet.

If your organization **is** applying for the one larger grant with the maximum amount being **\$30,000**, then this sheet will be the **seventh** page of your grant application packet. **Please keep this page, fill it out and turn it in as page seven of your application packet.** Your grant application narrative may also contain up to 10 pages (instead of 5) for the written responses to question I through VII of the application. This will allow you to more thoroughly explain the details of your larger project. We also expect a detailed budget sheet with quotes, etc.

It is the intention of the Greene County Community Foundation to fully grant as many legitimate, worthwhile grant applications that can most effectively benefit Greene County and its residents. With that being said, since there is only one grant greater than \$15,000 with a maximum of \$30,000 **possibly** being awarded, your organization has a decision to make. Please check one of the following:

_____ Our organization, in the event that our grant application is not selected to receive the larger grant amount of up to \$30,000, would like our grant application to be considered in the \$15,000 and below category. We would still benefit from a lesser grant amount of up to \$15,000 should we be chosen.

_____ Our organization, in the event that our grant application is not selected to receive the larger grant amount of up to \$30,000, would **not** like our grant application to be considered in the \$15,000 and below category. We do not feel that a maximum grant amount of \$15,000 would be enough to allow us to go forward with our project.

Our board will be choosing the project that will have the most impact on Greene County, your response above will have no bearing on that decision.

Please contact Patty Fisher, grant committee chairperson, at 515.370.5451 if you have any questions about this process.

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Grant Application for 2009

Submit 5 complete paper copies, stapled, no binders, of the Grant Application and required material to:

Greene County Community Foundation
104 West Washington Street
Jefferson, Iowa 50129-1920

**Application deadline Friday February 13, 2009
at 4:30 p.m.**

Anticipated notification date April 13, 2009

Formal name of applying organization: _____ Date: _____

Project title: _____

Amount of this grant request \$ _____ (Maximum of \$15,000; minimum of \$1,000.
One special grant up to \$30,000 is available.) (This amount must agree with column C total on budget sheet)

Anticipated project start date: _____ Anticipated project completion date: _____

Project chairperson/grant contact _____ Position in organization _____

Phone number _____ Fax number _____ Chair's E-mail _____

Project chairperson's complete mailing address: _____

Check the entity type of applying organization: _____ 501(c)(3) non-profit organization
_____ Local government: Type: _____

Federal tax identification number: _____

Name of fiscal agency (if different from applying organization) _____

Name of fiscal agent person: _____ His or her phone number: _____

Fiscal agency mailing address _____

City _____ State _____ Zip _____ Fiscal Agent E-mail: _____

For state reporting only: Which category best describes this request (will NOT effect the scoring) (please check only one):

Arts/Culture/Humanities

Education

Environment/Animals

Health

Human Services

Public/Society Benefit

Economic Development

Other: _____

Please use the following narrative form, limiting your writing to five pages. Grants will not be accepted or reviewed unless this format is used. (The form may also be downloaded at

<http://www.extension.iastate.edu/greene/info/Greene+Foundation.htm>

Page 1 - cover sheet

Insert your responses between the boxes if using Microsoft Word, leaving the questions and boxes around them intact. If you are hand-writing or using a typewriter, expanded space copies are available at Greene Co. Extension.

I. Summary. If awarded, the project will be publicized in media, both print and audio. Please summarize the project in one paragraph (limit 100 words) as you would like it to appear in a newspaper or to be heard on radio.

II. Identify the community need or problem being addressed by this project. Examples include but are not limited to quality jobs and economic development, elder care and support services, health care and wellness programs, police, fire and emergency services, early childhood education, youth and recreational activities, and senior activities. How do you know this is a need?

III. Describe this project. Is this new? Has this specific project been in existence before now? Is this a one-time project? Will this project solve the problem identified in II? What is the sustainability of this project?

IV. List individuals who will carry out this project and donate in-kind services. List names of individuals, their qualifications, hours to be contributed, and estimated hourly rates. What other inputs are put into this project? In-kind general labor rate is \$15.00/hr ; however, professionals may use their customary rate charge. Carry forward match totals to Budget column B

V. Specifically list which geographic community(s) in Greene County that will benefit from this project. If it is a physical improvement project, where is it located? Which demographic segment(s) is being targeted by this project: (youth, low income, disabled, tourist, etc.)?

VI. Indicate the desired outputs. (meetings held, number of clients served, programs sponsored). Perhaps a list of the activities, steps or timeline to complete the project can be added here, if applicable.

VII. Indicate the desired outcomes/ impact. (outcomes/impact are defined as lasting behavioral change in people, and/or measurable economic gains) This answers the “so what” question.

VIII. List collaborating organizational partners invested in this project. Letters of support may be included and are not counted as part of the 5 pages.

IX. Other project funding:

A. Cash funding already available for this project, from all sources, including fundraisers.		
Sources & Date:	Dollar Amount:	Conditions for this funding?
1. Funds from our organization	\$	Already committed from our organization

B. Applications submitted, approved, but cash not received yet for this project, including written pledges/promises of funds on file.		
Sources & Date:	Dollar Amount:	Anticipated notification date:

C. Additional grant funding requested, fundraisers planned, etc., considered from other sources:		
Sources:	Dollar Amount:	When will application be made?

X. Past Greene County Community Foundation Grants

Please list the past grants you have received from GCCF, the title of that project, the year awarded, and the dollar amount granted:

XI. Budget. You must use this form. No federal money can be used as in-kind match. Your grant request requires a 1-to-1 match at minimum; or, in other words, your request to G.C.C.F. may not be over 50% of the **total** project cost. G.C.C.F. grant funds may not be used to pay a salary, to hire labor, or to contract services. Round to nearest dollar.

Category	Budget Justification & Description (you may attach one additional page of narrative budget details if needed)	Total Project Cost = A + B + C	Applicant's match		This G.C.C.F. Grant Request Total (C)
			Provided Cash Match (A)	Provided In-Kind Labor & Donated Materials From section VII (B)	
Labor or contracted services					
Travel					
Communications, marketing & promotion					
Equipment purchased					
Office supplies					
Materials purchased					
Educational training and/or materials					
Rent & space					
Other expenses, Explain					
TOTALS		\$	\$	\$	\$

Total Grant Request in Bottom Right Hand Corner must match front page request box

XII.

Financial Statements of the Fiscal Agent

(in lieu of filling this page out, you may submit one copy of your organization's financial statements)

For the period _____ to _____

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

<u>Item</u>	<u>EXPENSES</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)	\$	_____

Balance Sheet

As of Date _____

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

Certification & 2009 Grant Application checklist of information to include:

Final packet to include, with appropriate signatures, in the following order, first item on top:

- _____ Application Form (five page document).
- _____ Copy of latest IRS Exemption Letter for the 501(c)(3) nonprofit status that will serving as the fiscal agent for this grant, or local government formed under which code section.
- _____ Signed letter of intent for an organization to serve as the fiscal agent for the grant, **if** the grantee is not a 501 (c)(3) non-profit or a governmental entity.
- _____ List of the applying organization's Board of Directors.
- _____ Letters of support are always encouraged and are not counted as the five pages of the application form.
- _____ Submit 5 (five) complete paper copies, stapled, of the Application and this certification.
- _____ Include this checklist.

- _____ ONE of the 5 copies must include original signatures in blue ink, and mark the top of the packet "master copy", and include one of the following with master set:
 - _____ Copy of IRS Form 990, "Return of Organization Exempt from Income Tax" of this fiscal agency,
 - or
 - _____ Copy of the most recent CPA audit
 - or
 - _____ Latest local government filed tax request package plus the end-of-year official filed newspaper financial summary as required by law and procedure for its entity.

Section XIII. The undersigned certify that they are authorized to represent the organization applying for a grant and that the information contained in the application is accurate. The undersigned agrees that if a grant is awarded to the organization:

- the grant will be used for the purpose outlined in the grant award letter and may not be expended for any other purpose without prior written approval from the Greene County Community Foundation.
- the Greene County Community Foundation has received nothing of material value in exchange for the grant.
- information about the organization and the grant may be used by the Greene County Community Foundation in any published materials.
- if selected, representatives of this grant are expected to participate in public recognition and publicity events, such as the Bell Tower Festival parade, other local parades, as well as, if requested, prominently display banners, recognition certificates and/or plaques about your project as provided to you.

Signature of Authorized Project Representative, in blue ink

Date

Signature of Project Chairperson (if different from above), in blue ink

Date

Signature of Fiscal Agent Representative (if different from above), in blue ink

Date

This form included in the grant application information package solely to assist the grant-writer -

Project Title: _____

Organization: _____ Grant Request Amount: \$ _____

Grant # _____

Reviewer Initials: _____

Greene County Community Foundation

Scoring Guidelines

Scoring Criteria	Max Score	Notes & Your Score
<i>Description of Need</i>	20	
Clearly defines & measures the population <ul style="list-style-type: none"> ✓ Community/county demographics that support this need ✓ States problem in terms of the community ✓ Describe the need ✓ Collaborates with another like-agency to meet need, if applicable 	5 5 5 5	
<i>Project Design</i>	20	
Clear description of the project <ul style="list-style-type: none"> ✓ Clear description of the project ✓ The project addresses the problem ✓ Outputs are clearly defined ✓ Objectives measurable with timeline 	5 5 5 5	
<i>Feasibility</i>	20	
Probability of success <ul style="list-style-type: none"> ✓ Planning is complete & project is doable ✓ Project is sustainable ✓ Provider credentials are adequate ✓ Budget OK 	5 5 5 5	
<i>Community Involvement</i>	20	
Broad-based collaborative community effort <ul style="list-style-type: none"> ✓ Includes organization or agency providers ✓ Community involved & supportive ✓ Letters of support from invested partners ✓ Strong leadership & skilled community team 	5 5 5 5	
<i>Outcomes/Impact</i>	20	
√ Behaviors will be changed	10	
or Economic gains will be realized		
√ Evaluation measure of impact is clearly described	10	
Total Possible Score	100	
Circle: FUND or No-Fund or Partially Fund		SCORE: Summary Comments:

Page 8 of Application packet. Remove sheet.
Information only included to assist grant-writer.



GCCF POST-GRANT EVALUATION FORM

(to be submitted AFTER the grant project is completed – the date shown on your cover sheet)

Organization

Project Name

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

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

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

- 4. 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?*

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

Project Chair

Date

Page 9 of Application packet. *Remove sheet.. Information only included to assist grant-writer.*