

Empowering Adair County Foundation

GRANTS PROGRAM APPLICATION

Office Location

ADAIR COUNTY ISU EXTENSION & OUTREACH OFFICE

154 Public Square, Suite C, Greenfield, IA 50849

Office 641-743-8412

Email empoweringadaircounty@gmail.com

Date of Application _____

Application Deadline is October 15th by 4:30pm.

If 10/15 would fall on a holiday or weekend, the deadline will move to the following business day.

Name of Organization: _____

Legal Name as listed with IRS (if applicable) _____

Federal ID Number _____

Organization Address _____

City/State/Zip _____

Phone _____ Email _____

Fiscal Sponsor (if applicable) _____ FIN _____

Name of Project Contact Person _____

Project Focus Area: (select one)

_____ Tourism/Beautification

_____ Public Services

_____ Economic Well-Being

_____ Recreation/Entertainment/Arts/Culture

Please check your organizational status:

_____ IRS 501 (c)(3) not-for-profit

_____ 170b unit of government

Project Title _____

Briefly Summarize the Project _____

Grant Amount Requested \$ _____ (grant amounts requested cannot exceed \$10,000.00)

Any Matching Dollars \$ _____

Estimated In-Kind Amount \$ _____

Project Total \$ _____

Estimated Jobs created _____

Estimated Audience _____

Will the project move forward if the full amount requested is not awarded? _____ Yes _____ No

Please complete each section in the space provided. Do not include additional pages. Use at least 12 point type. This section may be reproduced on your computer.

1. **Describe the proposed project:**

2. **What are the goals and objectives of the proposed project?**

3. **How will this project address Adair County needs and priorities?** *(Site the survey or research information used)*

4. **Indicate how you will measure and evaluate the results of this project:**

5. **Outline any resources or partners assisting with this project. Describe any other funding secured, applied for or proposed for this budget.**

6. **Briefly give a timeline for the project. Projects should be completed within 12 months of funds distribution.**

7. **Please indicate how this project will be maintained or sustained after it is completed.**

8. **How does this project foster entrepreneurial activity or create jobs or provide volunteer leadership training?**

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

- _____ Copy of Federal IRS tax-exempt status letter *(if applicable)*
- _____ Application
- _____ Project Budget
- _____ Signed Approval Agreement of applicant organization *(board chair's signature where applicable)*
- _____ Letter(s) of Support from each collaborating organization *(if applicable)*
- _____ Letter of Support from fiscal agent *(if applicable)*
- _____ 10 copies of Application Form, Project Budget and Signed Approval

Approval Agreement 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 Empowering Adair County Foundation will be used solely for the project stated in this application.

Authorized Signature

Date

EMPOWERING ADAIR COUNTY FOUNDATION BUDGET & JUSTIFICATION FORM

CATEGORY	EXPENSE DESCRIPTION <i>(Justification - Narrative)</i>	Grant Request	Matching Dollars	In-Kind Support	Total Amount of Project
Personnel <i>(Please Describe)</i>		\$	\$	\$	\$
Project Supplies <i>(Please Describe)</i>		\$	\$	\$	\$
Contracts <i>(Please Describe)</i>		\$	\$	\$	\$
Equipment <i>(If applicable, please describe)</i>		\$	\$	\$	\$
Travel/Mileage <i>(Please Describe)</i>		\$	\$	\$	\$
Office Expenses <i>(phone, paper, copying, postage, etc.)</i>		\$	\$	\$	\$
Miscellaneous <i>(Please Describe)</i>		\$	\$	\$	\$
Administrative Expenses <i>(Not to Exceed 15%)</i>		\$	\$	\$	\$
TOTAL		\$	\$	\$	\$