



**Simple Grant Applications are  
DUE at 4:30 PM  
Thursday, October 15<sup>th</sup>, 2020  
on paper or by email.**

## **2020 SIMPLE GRANT APPLICATION FORM for grant requests not to exceed \$3,000**

The mission of the Empowering Adair County Foundation (the “Foundation”) is to foster private giving, strengthen service providers and improve the overall wellbeing of the county’s residents. The Foundation works to build its endowment fund which in turn provides grants to accomplish its goals. If you can help us with these goals we encourage you to submit a grant application that does one of the following:

- Supports strong, stable families and provides solid beginnings for children and youth.
- Serves as a catalyst for youth and recreational activities.
- Helps to promote elder care, support services and an active senior population.
- Promotes the health, education and vitality of the community.
- Addresses community needs for police, fire and emergency services.
- Assists in developing quality jobs, tourism and economic development.
- Helps make our community more attractive, livable and cohesive.

The Foundation will generally **not** consider funding requests for the following:

- Ongoing annual operating expenses.
- Grants to individuals, for-profit entities, and sectarian religious or political programs.

The Foundation also has these guidelines and requirements:

- Grant applications are due by 4:30 PM Thursday, October 15, 2020, to Adair County ISU Extension, 154 Public Square, Suite C, Greenfield, IA 50849.
- The maximum grant request, using this Simple Grant Request Form, is \$3,000. Larger grant requests should use the detailed EACF Grant Application Form, which is available on the Foundation’s website.
- Grant awards are normally made once per year in November and projects need to be completed within 12 months of receiving grant funds.
- Grant recipients **must** complete an EACF Final Report after their project is complete. If they fail to do so the recipients will not be eligible for future Foundation grants.
- Only the following entities can receive Foundation grants:
  - Nonprofit organizations with a 501(c)(3) status.
  - Government entities, such as cities, counties and schools.
  - Groups sponsored by a government entity or another 501(c)(3) that agrees to manage the grant funds (the “Fiscal Sponsor”). If your group is in this last category which needs a Fiscal Sponsor, it should attach a completed “Fiscal Sponsor Agreement” form (Attachment 1) to the Simple Grant Application form.
- All projects must take place within Adair County.

Attached is the Simple Grant Application Form. See the Foundation’s website for an electronic copy of this grant application. If you have any questions please call Deena Wells at 641-743-8412 or visit the Adair County ISU Extension at 154 Public Square, Suite C, Greenfield, IA 50849.

*This is an Instruction Sheet – Do Not Include it with the Grant Application*

# Simple Grant Application Form

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1) Title of Project:
2) Dollars requested from the Foundation:
3) Non-Profit Group, (501(c)(3), Government entity or Gov't sponsored), Requesting Funding (the "Applicant")
4) Contact Person Information: Name: Phone Number: Address: Email:
5) Has your group received funding from the Foundation in the past? (Yes or No) (If not and you are not a 501(c)(3), or sponsored by one, a Government entity or Government sponsored group, then you must get a fiscal sponsor and attach a copy of the "Fiscal Sponsor Agreement" form from Attachment 1 at the end of this form)
6) Short Description of Project (one sentence):
7) Long Description of Project (one paragraph):
8) Cost of Project: A) Amount requested in this application: B) Amount provided by others: C) Amount provided by applicant: D) Total Cost of Project: (Sum of lines A, B, and C must equal line D. Line C should be no less than 25% of Line D) Attach any available cost estimate to this application to help the Foundation better understand your project.
9) Anticipated completion date of Project:
10) If the Foundation does not have enough funds to meet every applicant's request, would you be willing to accept less than you have requested? (Yes or No)

The undersigned certifies that: **1)** they are authorized to represent the Organization applying for a grant, **2)** the information contained in the application is accurate, **3)** the grant will be used only for the purpose outlined above, **4)** the Foundation has received nothings of material value in exchange for the grant, **5)** a picture of the finished project may be displayed on the Foundation's website, and **6)** the Applicant will publically acknowledge the Foundation's grant.

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Signature of Project Representative

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(Print or Type Name & Title)

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Date

Email a copy of this completed form to [dwells@iastate.edu](mailto:dwells@iastate.edu) by 4:30 PM, Thursday, October 15, 2020, or submit one paper copy to Adair County ISU Extension at 154 Public Square, Suite C, Greenfield, IA 50849 by the same deadline.

# **Fiscal Sponsor Agreement**

# **Attachment 1**

Do **NOT** fill out this form if the applicant is a city, county, a subdivision of the state of Iowa, a government entity, or a 501(c)(3) non-profit entity. Only fill out this form if your organization is not one of the above.

## **FISCAL SPONSORSHIP AGREEMENT**

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

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

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

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

**Sponsored Organization Conducting Project (the Applicant):** \_\_\_\_\_

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

(Legal Applicant/Fiscal Sponsor, hereafter referred to as **The Fiscal Sponsor**) has agreed to serve as a fiscal/program sponsor for the (Organization conducting project, hereafter referred to as the **Sponsored Org.**) as outlined in the attached application and supporting materials. The Board of Directors of **The Fiscal 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 Fiscal Sponsor** must exercise full control over the **Sponsored Org.'s** financial administration, management and disbursement of funds resulting from this grant application. **The Fiscal Sponsor** has delegated (name of person/s) as responsible for fulfilling these accounting and reporting functions subject to the ultimate authority of the Board of Directors of **The Fiscal Sponsor**. **The Fiscal Sponsor** is responsible for ensuring completion of timely reports and submission of necessary financial statements to the Community Foundation's Administrative Office (Greene County Extension Office). Failure to insure timely reporting on behalf of the **Sponsored Org./Fiscal 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 to the Greene County Community Foundation 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:** \_\_\_\_\_

*Note: If the Fiscal Sponsor is a 501(c)(3), the Foundation may request a copy of the 501(c)(3) Tax-Exempt Determination Letter or comparable proof of charitable exemption.*

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