

Grant Application

~ 2010 ~

Dear Potential Applicant:

We are pleased to announce the availability of the Dickinson County Endowment Fund Grant Application. The paper application fact sheet and application can be obtained from one of our Dickinson County libraries, Iowa State Extension office Spirit Lake or the Voluntary Action Center, Spirit Lake, or electronically by visiting www.dcefund.org. You can download the 2010 application from the website. Only typed applications using the current year format will be accepted.

~ The DCEF Advisory Council

The Dickinson County Endowment Fund Advisory Council was formed in 2005 to coordinate and provide philanthropic support for community betterment projects in Dickinson County. The DCEF was created in response to 2004 state of Iowa legislation designed to encourage the formation of local, county and community charitable foundations.

Dickinson County Endowment Fund Advisory Council can make grants to I.R.S. 501(c)(3) 'tax exempt' organizations and 170(b) 'unit of government' organizations for the benefit of the Dickinson County area. If a non-profit organization does not have either status, it may apply through a fiscal agent that does.

Dickinson County Endowment Funds can be requested for broad purposes affecting the quality of life or economic vitality of Dickinson County. This includes educational, civic, public, charitable, patriotic and religious uses (see restrictions on fact sheet). Areas of particular interest to the DCEF Council are: Family Services, Youth Services, Elderly, Economic Development, Housing, Natural Resources/Park & Recreation/ Conservation and Transportation.

If the DCEF Council awards partial funding for your project, you will be asked if you can carry out the project as described with additional funds from other sources. Grant amounts are dependent upon the funds available to the Dickinson County Endowment Fund Advisory Council. In the 2010 cycle, approximately \$100,000 will be available for distribution.

Please submit **11 completed applications (1 original with 1 set of attachments and 10 collated copies without attachments)** by mail or hand deliver to:

DCEF c/o
Joan McCulloch
900 28th St.
Spirit Lake, Iowa 51360

Any questions? Please call: 712-336-4618 or email: info@dcefund.org

Application deadline: **June 30, 2010 by 4:30PM**

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Cover Sheet

You may reproduce this form or fill it in on line and print it on your computer

Date of application: _____ Application submitted by: _____

Organization Information

Name of organization _____ Legal name (as listed with IRS) _____

Organization Address _____ City, State, Zip _____ Employer Identification Number (EIN) _____

Phone _____ Fax _____ Web site _____

Name of contact person regarding this application _____ Phone _____ E-mail _____

Type of funding sought (circle one): Educational Charitable Civic Public Patriotic
Project focus area (circle as many as apply) Youth Services Family Services Religious Housing
Natural Resources Economic Transportation Recreation Development Conservation

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

_____ Fiscal agent's EIN number _____

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

Application

Request Summary

Name of Project: _____
Project Director (if applicable) _____
Project Summary (In two or three sentences, please summarize your request. This concise description will aid discussion during the review process and be useful in award publicity)

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Describe the proposed project, including the goals and objectives. Discuss the community need for the project, what populations it will serve, the benefits for the community as a result of the project, the community support for the project, and how you will measure and evaluate the results of this project.

Population served (estimated #):	
Total project cost:	\$
What are your secured matching funds?	\$
Total requested from the DCEF?	\$
What percentage of total project funds will DCEF be contributing?	%
Grant monies needed: (Mo/Yr) to (Mo/Yr)	

Explain if you have any in-kind contributions from other entities (e.g. volunteer labor, materials, shared administration expenses, etc.). Tell us if you are applying to other sources for funds and list sources and amounts, and if you have been successful in your collaborations.

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It is likely that you will receive only partial funding. How would this affect the ability to complete the project?

What is the timeline for this project?

Is this a project that will be sustained? If so, how will you sustain it? If this is a repeated event, you must give evidence of success previously and explain reasons for repeating.

Describe your organization's charitable purpose, program activities, and population served. (4-5 sentences) Briefly describe your organization's history and major accomplishments to show evidence you will be able to carry out your project.

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

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PROJECT BUDGET

This format is required for your project budget which is part of the application. Please attach a budget narrative explaining (by line item) your numbers.

INCOME

Source	Amount
Support	
Government grants	\$ _____
Foundations	\$ _____
Corporations	\$ _____
United Way or other federated campaigns	\$ _____
Individual contributions	\$ _____
Fundraising events and products	\$ _____
Membership income	\$ _____
In-kind support	\$ _____
Investment income	\$ _____
Revenue	
Government contracts	\$ _____
Earned income	\$ _____
Other (specify)	\$ _____
	\$ _____
Total Income	\$ _____

EXPENSES

Item	Amount	%FT/PT
Salaries and wages (indicate number of staff and full- or part-time.)	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
SUBTOTAL	\$ _____	
Insurance, benefits and other related taxes	\$ _____	
Consultants and professional fees	\$ _____	
Travel	\$ _____	
Equipment	\$ _____	
Supplies	\$ _____	
Printing and copying	\$ _____	
Telephone and fax	\$ _____	
Postage and delivery	\$ _____	
Rent and utilities	\$ _____	
In-kind expenses	\$ _____	
Depreciation	\$ _____	
Other (specify)	\$ _____	
	\$ _____	
Total Expense	\$ _____	
Difference (Total Income less Total Expense	\$ _____	
Should equal what you are asking for from the DCEF)	\$ _____	

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Checklist for Attachments

Attachments

In order to be considered for funding, your original, signed application **MUST** include **ONE COPY** each of the following items:

- 1 ___ Copy of latest Federal IRS Tax-exempt status letter
- 2 ___ Organizational budget (see form below)
- 3 ___ List of Board of Directors, Director, Staff
- 4 ___ Copy of most recent CPA audit, financial statement or tax return (IRS 990 form)
- 5 ___ Signed 'Letter of Intent' to act as a fiscal agent – only if you are not 501 (c) 3 or 170b status
- 6 ___ Signed Applicant Board Approval Agreement (see below)
- 7 ___ Organization brochure if you have one

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 Dickinson County Endowment Fund will be used solely for the project stated in this application.

Board Chairman

Date

Print or Type Name:

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Attachment #2

**ORGANIZATION BUDGET**

This format is optional and can serve as a guide to budgeting. If you already prepare 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.

**INCOME**

| <b><u>Source</u></b>                             | <b><u>Amount</u></b> |
|--------------------------------------------------|----------------------|
| Support                                          |                      |
| Government grants                                | \$ _____             |
| Foundations                                      | \$ _____             |
| Corporations                                     | \$ _____             |
| United Way or other federated campaigns          | \$ _____             |
| Individual contributions                         | \$ _____             |
| Fundraising events and products                  | \$ _____             |
| Membership income                                | \$ _____             |
| In-kind support                                  | \$ _____             |
| Investment income                                | \$ _____             |
| <br>Revenue                                      |                      |
| Government contracts                             | \$ _____             |
| Earned income (service fees, ticket sales, etc.) | \$ _____             |
| Other (specify)                                  | \$ _____             |
| _____                                            | \$ _____             |
| _____                                            | \$ _____             |
| _____                                            | \$ _____             |
| <b>Total Income</b>                              | <b>\$ _____</b>      |

**EXPENSES**

| <b><u>Item</u></b>                                  | <b><u>Amount</u></b> |
|-----------------------------------------------------|----------------------|
| Salaries and wages                                  | \$ _____             |
| Insurance, benefits and other related taxes         | \$ _____             |
| Consultants and professional fees                   | \$ _____             |
| Travel                                              | \$ _____             |
| Equipment                                           | \$ _____             |
| Supplies                                            | \$ _____             |
| Printing and copying                                | \$ _____             |
| Telephone and fax                                   | \$ _____             |
| Postage and delivery                                | \$ _____             |
| Rent and utilities                                  | \$ _____             |
| In-kind expenses                                    | \$ _____             |
| Depreciation                                        | \$ _____             |
| Other (specify)                                     | \$ _____             |
| _____                                               | \$ _____             |
| _____                                               | \$ _____             |
| <b>Total Expense</b>                                | <b>\$ _____</b>      |
| <b>Difference (Total Income less Total Expense)</b> | <b>\$ _____</b>      |

