

Grant Application

~ 2011 ~

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 or electronically by visiting www.dcefund.org. You can download the 2011 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 2011 cycle, approximately \$85,000 will be available for distribution.

Please submit **6 completed applications (1 original with 1 set of attachments and 5 collated copies without attachments)** by mail. Applications must be postmarked by June 30, 2011.

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

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

Grant Application Cover Sheet

<i>Date:</i>	<i>Submitted by:</i>
--------------	----------------------

Organization Information

<i>Name of Organization:</i>		<i>Legal name (as listed with IRS):</i>
<i>Organization Address:</i>	<i>City, State, Zip:</i>	<i>Employer Identification Number (EIN):</i>
<i>Phone:</i>	<i>Fax:</i>	<i>Web site:</i>
<i>Contact Person:</i>	<i>Phone:</i>	<i>E-mail:</i>

<i>Type of funding sought (circle one):</i>	<input checked="" type="checkbox"/> Educational <input checked="" type="checkbox"/> Civic <input checked="" type="checkbox"/> Patriotic <input checked="" type="checkbox"/> Charitable <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Religious
<i>Project focus area (circle as many as apply):</i>	<input checked="" type="checkbox"/> Youth Services <input checked="" type="checkbox"/> Family Services <input checked="" type="checkbox"/> Housing <input checked="" type="checkbox"/> Natural Resources <input checked="" type="checkbox"/> Economic Development <input checked="" type="checkbox"/> Transportation <input checked="" type="checkbox"/> Recreation <input checked="" type="checkbox"/> Conservation

Is your organization an IRS 501c(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:

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):

<i>Total Project Cost:</i>	<i>Estimated # of People Served:</i>
----------------------------	--------------------------------------

<i>Amount Requested:</i>	<i>Target Population:</i>
--------------------------	---------------------------

<i>% of Total Cost Requested:</i>	
-----------------------------------	--

Project Details

1. *Discuss the community need for the project providing data and the benefits for the community as a result of the project. Convince us! (10 points)*

2. *What are the goals, objectives and timeline of the project? Show how they will meet the community need. (10 points)*

3. *What are the expected outcomes of the project? How will you measure and evaluate the outcomes of this project? (10 points)*

4. *Have you collaborated or partnered with other organizations to address this community need as stated in Question #1? Please explain. (10 points)*

5. *Explain if you have any secured matching funds and/or in-kind contributions. What are the sources and amounts of these funds and contributions? List other possible funding or in-kind contributions you may be seeking. (10 points)*

6. *Is this a project that will be sustained? If so, how you will sustain it? If this is a repeated event, you must give evidence of previous success and explain reason for repeating. (10 points)*

7. *If you receive only partial funding, how would you prioritize the goals and objectives of the project? Can you do the project with partial funding? (10 points)*

8. *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 such as financial support, leadership and organizational structure. (10 points)*

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:



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

<u>Source</u>	<u>Amount</u>
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 (service fees, ticket sales, etc.)	\$
Other (specify)	\$
_____	\$
_____	\$
_____	\$
Total Income	\$

EXPENSES

<u>Item</u>	<u>Amount</u>
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)	\$
_____	\$
_____	\$
Total Expense	\$
Difference (Total Income less Total Expense)	\$