



2021 Grant Application

Origin and Purpose

The Grants and Due Diligence Committee is a volunteer grant committee made up of board members from the Community Foundation of Des Moines County and makes awards from various endowed funds held in trust by the Foundation through its partnership with the Keokuk Area Community Foundation.

Restrictions

The Community Foundation of Des Moines County makes grants only to Des Moines County 501(c)(3) nonprofit organizations, and qualified governmental agencies. Grants are not awarded in the following areas: annual fund raising, organizational endowment funds, deficit financing, or grants to individuals. This year, grants are available in amounts varying between \$250 and \$2,000. Extraordinary amounts may be given if an exceptional need is seen by the Community Foundation of Des Moines County. Only one project per organization will be considered.

Deadline

Applications and accompanying materials are due on or before **Friday, April 30, 2021** (if sending by U.S. Mail, please allow time for delivery). Applications received after the deadline will not be considered. The Foundation accepts emailed grant applications, but please confirm delivery of your email submission. All Grant Recipients will initially be notified by **May 20, 2021**.

Grant Reports

The Community Foundation of Des Moines County (CFDMC) requires a completed Grant Report after a grant award time period has been completed. The deadline to submit grant reports is **March 31, 2022**. **If your organization receives a grant in 2021, the CFDMC Grant Report is due on Thursday, March 31, 2022.** The failure to file a Grant Report may prevent consideration of future grants to any such recipient. The 2021 CFDMC Grant Report Form can be downloaded at www.cfdm.org. The 2021 CFDMC Grant Report must be on file **prior** to submitting a new grant application.

Application Procedures

Submit the original grant application of your proposal on 8 1/2" x 11" paper, or email to info@greaterburlington.com. The application must be typed, no hand written applications will be accepted. Materials should not be bound, inserted in protective sleeves or prepared in other types of notebook form. Invest your time in content rather than presentation. **If sending via U.S. Mail, do not fold the application materials**, please mail in a catalog envelope of sufficient size. **CFDMC requires four (4) copies of your application to be mailed. Letters of support are accepted to verify project need and collaboration with other organizations.**

Please include one (1) copy of the grant applicant's up-to-date IRS determination letter establishing that the applicant is a 501 (c) (3) organization or a notarized form demonstrating that the organization is a qualified exempt government agency of Des Moines County Iowa. If the organization receives a grant, the address listed on the IRS 501 (c) (3) Determination Letter will be used in the payment (please make sure the contact information of your organization's IRS 501 (c) (3) Determination Letter is up to date).

The Community Foundation of Des Moines County 2021 Grant Application: Contact Information

Project Title:			Date:		
Organization:			Employer ID#:		
Is your organization a 501 (c) (3) nonprofit organization recognized by the IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Address:					
City:		State:		ZIP Code:	
Contact Person & Title:					
Phone:		Fax:		E-mail:	
Person Responsible for Project:				Phone:	
Previous Grant Amount from CFDMC: \$				Year Awarded:	
Amount Requested: \$				Total Budget Amount: \$	
Project Start Date:			Estimated Completion Date:		
Is this a new project for your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this a continuation/expansion/enhancement of a project? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you received permission from the property owner or appropriate governing body, if applicable, to proceed with your project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
Categorize Project: <input type="checkbox"/> Arts/Culture/Humanities <input type="checkbox"/> Education <input type="checkbox"/> Environment/Animals <input type="checkbox"/> Health <input type="checkbox"/> Human Services <input type="checkbox"/> Public/Society Benefit <input type="checkbox"/> Other					
Type of Project: <input type="checkbox"/> Program <input type="checkbox"/> Capital Project					
Population Served: <input type="checkbox"/> General Public <input type="checkbox"/> Infant/Babies <input type="checkbox"/> Children/Youth <input type="checkbox"/> Adults <input type="checkbox"/> Elderly					

**The Community Foundation of Des Moines County
2021 Grant Application: Contact Information**

Major funding sources:

If your proposal is not fully funded, how do you intend to fund the remainder of the project?

General Description of Project: **(BE BOLD!)**

**Community Foundation of Des Moines County
2021 Grant Application: Narrative Questions**

*Please answer all questions and type each response

How will this project serve the developmental needs of this area?

Does the program or project address a priority community need?

What is the scope and the number of people served by this project?

How does this project impact diversity in Des Moines County?

What outcomes will be achieved from this project? How are outcomes measured?

Does the project have a sound financial plan?

The projected budget for the grant showing the source of the income for the project and a detailed list of the expenses anticipated MUST accompany the application.

Materials/Services	Expenses/Costs
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total Costs/Expenses:\$ _____

Are the services of Des Moines County vendors and/or laborers used in this project?

After this project is completed, how will funding continue? If not funded, what is the effect?

Does the project have a broad base of community support such as volunteer involvement, neighborhood participation, and collaboration with other organizations?

Additional information (if needed):

Authorization

*I have read and understand the grant guidelines as part of this application packet. I also understand that when a grant check is cashed, my organization is obligated to use it for the purpose given in this application.

Name: _____

Signature of applicant: _____

The signature must be from the CEO, Executive Director or a Principal/Superintendent of your organization

Job Title: _____

Submission Checklist

- Completed, **typed** and signed application form.
- Narrative (Green Section) with accompanying financial information.
- One (1) IRS Determination Letter (or proof of 501(c)(3) status or non-profit classification if not affiliated with a governmental agency).
- Four (4) Copies of the Application, Budget and Narrative (Green Section).

MATERIALS MUST BE SUBMITTED TO THE COMMUNITY FOUNDATION OF DES MOINES COUNTY ON OR BEFORE **April 30, 2021. PLEASE SUBMIT ALL APPLICATION MATERIALS TOGETHER.**

ALL CORRESPONDENCE REGARDING YOUR GRANT APPLICATION WILL BE EMAILED FROM info@greaterburlington.com.

PLEASE ADJUST YOUR EMAIL SPAM FILTERS TO RECEIVE EMAILS FROM THE COMMUNITY FOUNDATION OF DES MOINES COUNTY.

**RETURN THE COMPLETED APPLICATION AND ALL MATERIALS TO:
COMMUNITY FOUNDATION OF DES MOINES COUNTY
610 N. 4TH ST, STE 200
BURLINGTON, IOWA 52601**

Application Questions? Email: info@greaterburlington.com