



P. O. Box 11, Sigourney, IA 52591
www.kcendow.org

KCCEF Major Grant Application Overview

Do Not Return This Page With Application

Mission Statement: The mission of the Keokuk County Community Endowment Foundation is to foster private giving, strengthen service providers and improve the conditions of the community, county or area of interest. To these ends, it will promote endowment building, community, grant making, organizational collaboration, and public leadership for the benefit of the designated area.

What We Support: The Keokuk County Community Endowment Foundation will provide grants to improve life in Keokuk County, Iowa by supporting projects relating to: arts & culture, community affairs & development, education, environmental protection, health, historic preservation and human services.

Eligibility to Apply for Funding:

- Applications that are not completed will NOT be considered for funding.
- Tax Exempt, no profit entities classified by the IRS as 501(c)(3) or a 170 (c) (1) government entity
- If not 501(c)(3), must have an eligible fiscal sponsor who will be legally & financially responsible
- One application per organization
- Grant request maximum is \$25,000. An alternate partial budget of \$5,000 must be included.
- Form E has been completed and returned to KCCEF for the previous years' grant awards.
- Attach actual quotes for project.

Application Postmark Deadline: Last Business Day of October

KCCEF Grant Application Contact Information:

Chair - Laurie Luettjohann - chair@kcendow.org - 319-541-2375

Vice-Chair - Josh Heisdorffer - vicechair@kcendow.org

Grant Committee Chair - Sylvia Hadley - grantchair@kcendow.org - 319-456-3041

Mail completed application to: KCCEF

PO Box 11

Sigourney, IA 52591

KCCEF Grant Application Instructions

Checklist / Instructions

(Please read these instructions carefully to ensure acceptance of your application)

Pages must be filed in order listed below with additional pages, like photos, after numbered pages.

Do NOT return instruction pages A & B

- Cover Page has been completed (Page 1)
- Project Certification has been signed (Page 1)
- Project Narrative has been completed (Page 2)
- Project Budget Detail has been completed (Page 3)
- Alternate Project Budget Detail has been completed (Page 4)
- Organizational Annual Budget has been completed (Page 5)
- Quotes to support project budget
- Copy of 501(c)(3) IRS Determination letter attached to the grant application or comparable proof of charitable exemption. (i.e. a letter from a city, confirming their status as a government entity)
- Fiscal Sponsorship agreement has been signed (if applicable) (Page 6)
- A Copy of The Resolution from Sponsoring Organization (if applicable)
- Any extra information or photos that may be relevant to your project (Please be concise)
- 1 Original and 6 copies of numbered pages only (Please staple all sets)
- All grant applications postmarked by US Post Office on or before last business day of October

Application Deadline: Postmarked No Later Than Last Business Day in October

Note: Applications will be reviewed by the grant committee, with final approval given by the

Greater Des Moines Community Foundation. Grant amounts are dependent upon the allocation of funds available to the Iowa Community Foundation each year. Grants are slated to be awarded no later than April of the following year.

For more information, please contact:

Chair	Laurie Luettjohann	319-541-2375	grantchair@kcendow.org
Vice Chair	Karen Sieren	641-660-6320	vicechair@kcendow.org
Grant Chair	Sylvia Hadley	319-456-3041	chair@kcendow.org
Secretary	Ann Spillman	641-653-4734	sec@kcendow.org
Treasurer	Kathy Davis	641-636-3897	treas@kcendow.org

Or visit our web site to find your current city or county representative: www.kcendow.org

Definitions/Explanations

Fiscal Sponsor: An organization that is receiving the money on behalf of the grant applicant and is responsible for disbursing the money for the project and maintaining appropriate documentation. This entity must be a 501(C)(3) or a 170 (c)(1) unit of government in order to serve in this capacity. A fiscal sponsorship agreement (Page 6) and a Resolution from the sponsoring organization showing their agreement to sponsor must accompany the grant application if a fiscal sponsor is being used.

Organizations must be recognized by the Internal Revenue Service as tax-exempt, nonprofit, public charities under section 501(c)(3) or as a “unit of government” under Section 170(c)(1) to receive grant funding. A 501(c)(3) is a section of the Federal Tax Code, which establishes the criteria for tax-exempt charitable organizations. Section 170(c)(1) refers to agencies that conduct activities to benefit the public at large, like public schools, state universities, public libraries and volunteer fire departments.

KCCEF Grant Application Cover Page

Town in which project is based: (If not within city limits, use Keokuk County) _____

Organization Conducting Project: _____

Organ. Address: _____ Day Phone: _____

City Zip: _____ Eve Phone: _____

Email: _____

Project Contact: _____ Day Phone: _____

Address: _____ Eve Phone: _____

City Zip: _____ Email: _____

Name of Project: _____

Tax ID Number Used:

Non-Profit 501(c)(3): _____ Gov: 107(c)(1): _____

Complete this portion if fiscal sponsor is being used: Resolution Attached

Fiscal Sponsor (if above organization is not a 501(c)(3) or 107(c)(1): _____

Sponsor Contact: _____ Day Phone: _____

Address: _____ Eve Phone: _____

City Zip: _____ Email: _____

Total Amount of Project: _____ Amount Requested: _____

Brief Description of Organization:

Brief Description of Project:

Type of Request: Capital Support Based - *The building of, or physical improvement of, something*
(check one) Special Project or Program Based - *Operational, activity, general program support*

Project Focus: (check one) Arts/Culture/Humanities Human Services Education
 Environment/Animals Public/Society Betterment Health Other

The undersigned certifies that s/he is authorized to represent the organization applying for this grant and that the information contained in this application is accurate. The undersigned agrees that if a grant is awarded to the organization:

- the grant will be used for the purpose outlined in the grant application and may not be used for any other purpose without prior written approval (Form C) from the KCCEF Grant Committee.
- the KCCEF and its board members have received nothing of material value in exchange for the award.
- information about the organization and the grant may be used by the KCCEF in any published materials.
- evaluations (Form E) must be returned upon project completion, no later than next grant deadline (last day in Oct).
- any award funds exceeding the cost of the completed project must be returned to KCCEF at above address.
- if the project cannot be completed by 10/31 of that year, Form C must be completed outlining circumstances of delay, mailed to KCCEF postmarked by last business day in October, or entire amount of grant must be refunded to KCCEF.
- failure to follow any of the guidelines will result in disqualification from future grants.

Signature of Authorized Project Director

Date

KCCEF Grant Application Project Narrative

Goals/Mission Statement for your Organization: _____

Name of Project: _____

Project Description and Goals: (Describe the community need or problem being addressed for which you are requesting funds)

Explain how this project will benefit the citizens of this county: _____

Population and Area Served by Project: _____

Explain your organization's ability to carry out and ensure success of this project: _____

Timeline for Start and Completion of Project: (Projects should be completed by 10/31/14 or a Form C completed and returned to KCCEF)

Have you ever received KCCEF grant money for this particular project?
 No Yes (If yes, amount) \$ _____

Please list any previous applications made by your organization for KCCEF grants.

Year:	Project:	Amount Requested	Amount Received
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Project Budget

Income

Source	Amount	Requested	Secured
Sponsor Cash	\$	<input type="checkbox"/>	<input type="checkbox"/>
Federal Government Grants	\$	<input type="checkbox"/>	<input type="checkbox"/>
State Government Grants	\$	<input type="checkbox"/>	<input type="checkbox"/>
Private Foundation Grants	\$	<input type="checkbox"/>	<input type="checkbox"/>
Sponsor In-Kind*	\$	<input type="checkbox"/>	<input type="checkbox"/>
Private In-Kind*	\$	<input type="checkbox"/>	<input type="checkbox"/>
KCCEF Request	\$	<input type="checkbox"/>	<input type="checkbox"/>
Other Income	\$	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	\$		

Expenses

(Providing cost details by project segments may allow for partial funding if total funding is not possible)

Source	Total Expense
Professional Services (ie: design, financial, clerical, insurance, legal or realty fees)	
1.	\$
2.	\$
3.	\$
Construction (Labor)	
1.	\$
2.	\$
3.	\$
Equipment Purchases	
1.	\$
2.	\$
3.	\$
Construction (Supplies)	
1.	\$
2.	\$
3.	\$
Land Purchase	
Training Costs	
Office Costs	
Other Expenses	
TOTAL (not to exceed \$25,000):	
	\$

If project can be divided into phases over more than one funding cycle, check here and complete the alternate budget on page 4.

* In-Kind gift: when an entity contributes a good or service in lieu of providing monetary grants.