



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

KCCEF 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. The KCCEF will provide grants to improve life in Keokuk County 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 minimum is \$500, maximum is \$5000.
- Form E has been completed and returned to KCCEF for the previous year's 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)

Only Applications using the revised 09/15/2018 form will be accepted for consideration.

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)
- Organizational Annual Budget has been completed (Page 4)
- 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 5)
- A Copy of The Resolution from Sponsoring Organization (if applicable) (Page 6)
- 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: is 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 5) 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:	\$

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

Applicant Organization Annual Budget

Income

Source	Amount
Support	
Government Grants	\$
Foundations	\$
Corporations	\$
Individual Contributions	\$
Fundraising Events / Products	\$
Membership Income	\$
Reserve (Cash on Hand) (Explain)	\$
Income	
Government Contracts	\$
Earned Income	\$
Other (specify)	\$
1.	\$
2.	\$
3.	\$
Interest Income (Explain below)	\$
TOTAL INCOME	\$

Expenses

Item	Amount
Salaries & Wages	\$
Insurance, benefits, & other related taxes	\$
Consultants & professional fees	\$
Travel	\$
Equipment	\$
Rent & Utilities	\$
General Operating	\$
Other (Specify)	\$
1.	\$
2.	\$
3.	\$
TOTAL EXPENSE	\$

Explain any figures appearing in the selected categories here: _____

Fiscal Sponsorship Agreement

This form must be completed if applying organization is NOT a 501(c)(3) or 170 (c)(1)

Date: _____

Fiscal Sponsor (Legal Applicant): _____

Fiscal Sponsor Contact Person and Email: _____

Fiscal Sponsor Full Mailing Address: _____

Sponsored Organization Conducting Project: _____

Project Name: _____

_____ (Legal Applicant/Fiscal Sponsor, hereafter referred to as The 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 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 Sponsor must exercise full control over the Sponsored Org.'s financial administration, management and disbursement of funds resulting from this grant application. The Sponsor has delegated _____ (name of person/s) as responsible for fulfilling of these accounting and reporting functions subject to the ultimate authority of the Board of Directors of The Sponsor. The Sponsor is responsible for ensuring completion of timely reports and submission of necessary financial statements to the Community Foundation's Administrative Office (contact info below). Failure to insure timely reporting on behalf of the Sponsored Org./Sponsor will also result in a loss of eligibility of any grant awards during the next cycle. 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 and accepted. We agree to the terms stated above in this agreement:

Legal Applicant/ Fiscal Sponsor Representative Signature

Sponsored Organization Representative Signature

Printed Name

Printed Name

Date: _____

Date: _____

**Attach to this agreement the Fiscal Sponsor's 501(c)(3) Tax-Exempt Determination Letter or comparable proof of charitable exemption (i.e. a letter from a City, confirming their status as a government entity) and a Letter of Resolution from the Board or Council. An example may be found on the Grant Information page of the KCCEF website.*