KCCEF Grant Application Overview

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.

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 Josh Heisdorffer   319-456-3041   vicechair@kcendow.org
Grant Chair Silvia Hadley   641-653-4734   chair@kcendow.org
Secretary Ann Spillman   641-636-3897   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
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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Project</th>
<th>Amount Requested</th>
<th>Amount Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$ _______________</td>
<td>$ ______________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ _______________</td>
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<tr>
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<td></td>
<td>$ _______________</td>
<td>$ ______________</td>
</tr>
</tbody>
</table>
## Project Budget

### Income

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Requested</th>
<th>Secured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsor Cash</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal Government Grants</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Government Grants</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Foundation Grants</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sponsor In-Kind*</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private In-Kind*</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KCCEF Request</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Income</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Expenses

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Total Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Services (ie: design, financial, clerical, insurance, legal or realty fees)</td>
<td>$</td>
</tr>
<tr>
<td>1.</td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td>$</td>
</tr>
<tr>
<td>Construction (Labor)</td>
<td>$</td>
</tr>
<tr>
<td>1.</td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td>$</td>
</tr>
<tr>
<td>Equipment Purchases</td>
<td>$</td>
</tr>
<tr>
<td>1.</td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td>$</td>
</tr>
<tr>
<td>Construction (Supplies)</td>
<td>$</td>
</tr>
<tr>
<td>1.</td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td>$</td>
</tr>
<tr>
<td>Land Purchase</td>
<td>$</td>
</tr>
<tr>
<td>Training Costs</td>
<td>$</td>
</tr>
<tr>
<td>Office Costs</td>
<td>$</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

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