



## GRANT INFORMATION

**MISSION STATEMENT:** The mission of the Pocahontas County Foundation is to foster private giving, strengthen service providers and improve the County. It will promote endowment building, community betterment, grant-making, organizational collaboration, and public leadership for the benefit of Pocahontas County.

**WHAT WE SUPPORT:** The Pocahontas County Foundation will provide grants to improve life in Pocahontas County, Iowa. We want to support development of all our communities into places where people want to live, as well as to benefit rural areas of the county. Areas of Foundation giving are: arts & culture, human services, education, environmental/animals, public and society benefit, and health.

### ELIGIBILITY TO APPLY FOR FUNDING:

- ▶ Tax exempt, non-profit entities classified by the IRS as 501(c)(3) or a 170 (c)(1) governmental entity
- ▶ If not 501(c)(3), must secure a fiscal sponsor who will be legally & financially responsible
- ▶ One standard and/or one high impact application per organization

### GRANT DEADLINES:

- ▶ **Wednesday, October 2, 2019** Mandatory informational meeting 6:30 pm at the Pocahontas County Conservation Building, 702 NW 7th St., Pocahontas, IA
- ▶ **Friday, November 15, 2019** Application Deadline. Grant must be postmarked by Nov. 12 and received by Nov. 15, 2019
- ▶ **December 31, 2019** Grant Approval Complete - notifications will be emailed.
- ▶ **January 23, 2020** Grants Awarded. Information provided in award notification email.
- ▶ **September 12, 2020** Grant Evaluations due.  
Must have completed evaluation for you to be eligible for further grants.

### APPLICATION INSTRUCTIONS:

Checklist/Instructions:

- Organizational information has been completed
- Contact information has been completed. An e-mail address must be provided for correspondence.
- Project summary has been completed
- Project budget detail has been completed
- Project narrative information has been completed
- Project time-line has been completed
- 9 stapled copies of Application**, (Pages 3, 4, 5 & 6 required, may include one page with photos/description)
- If you are a new applicant, One Copy of 501 (c)(3) IRS Determination letter at the top of the packet
- All grant applications must be received via mail by the deadline date of **November 15, 2019**
- One Copy of Fiscal Sponsorship agreement (page 7) completed if a fiscal sponsor is being used
- MAIL 9 stapled copies to: Pocahontas County Foundation, 28111 510th St., Pocahontas IA 50574**  
(postmarked by Nov. 12)



## GRANT INFORMATION

### POCAHONTAS COUNTY FOUNDATION BOARD MEMBERS:

Wendy Panbecker, Chair	Steve Trimble, Vice Chair
Megan Hauswirth, Treasurer	Kristy Mather
Kristy Mather Secretary	Glenda Mulder
Gary Devereaux	Karisa Stucklik
Advisory Members: Tom Grau and Margo Underwood	

### DEFINITIONS:

**501(c)(3) or 170(c)(1):** 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.

**Fiscal Sponsor:** If your organization is not a qualified nonprofit, then you must secure a 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 must accompany the grant application if a fiscal sponsor is being used. (Use form on page 7, if a fiscal sponsor is required.)



FOUNDATION USE ONLY  
APPLICANT NO. \_\_\_\_\_

## GRANT APPLICATION

### APPLICANT INFORMATION:

Applicant Requesting Funding (Fiscal Sponsor if the organization is not a 501(c)(3)) **REQUIRED:**

Organization conducting project (if different from Applicant/Fiscal Sponsor):

Project Title **REQUIRED:**

Federal tax identification number of Applicant/Fiscal Sponsor (EIN) **REQUIRED:**

Applicant/Fiscal Sponsor Address **REQUIRED:**

Applicant/Fiscal Sponsor Contact Person & Title **REQUIRED:**

Applicant/Fiscal Sponsor Contact Person Phone & Email **REQUIRED:**

Organization/Project Address (if different):

Organization/Project Contact Person, Phone, Email (if different than applicant):

### PROJECT SUMMARY:

Is this a High Impact Grant Application? Check here if yes.

High Impact Grants are for dollar amounts \$10,000-\$20,000 and must benefit the entire county.  
See grant principles for details.

Total Cost of Project: \_\_\_\_\_ Amount Requested: \_\_\_\_\_ **BOTH AMOUNTS REQUIRED**

Type of Request (check one): **Capital Based** : The building of or physical improvement of something  
**Program Based** : Operational, activity, general programmatic support

Project Focus Area (check only one):

Arts/Culture/Humanities	Human Services	Education	Environment/Animals
Public/Society Benefit	Health	Other	

Brief Description of Organization:

Brief Description of Project:



## GRANT APPLICATION

### QUESTIONS OF PURPOSE:

Describe the need or problem being addressed by this project:

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

What area or population is being served? (County wide, community, several communities)

Explain your organizations ability to carry out and ensure success of this project:

Describe the time-line of the project. ***Funding will be for projects completed in 2020:***

Have you previously received funding from Pocahontas County Foundation? If so, when?



# GRANT APPLICATION

		EXPENSE	REVENUE
1.	Total Equipment/Material Cost (itemize on next page.)		
2.	Total Construction Cost (Itemize on next page.)		
3.	Total Landscaping Cost (Itemize on next page.)		
4.	Plant Cost (Identify annual or perennial.)		
5.	Education Program / Community Service Cost (Itemize on next page.)		
6.	Other Qualifying Project Cost (Give details on next page.)		
7.	Any Other Expenses (List on next page if necessary.)		
8.	Freight / Delivery Cost (Will not be funded.)		
9.	Labor to Install (Figure @ \$17/hr. Will not be funded.)		
	<b>Total Project Expenditures</b>		

10.	Applicants Own Money		
11.	Pledged Funds from other sources (List on next page.)		
12.	Other Grant Receipts (List on next page.)		
13.	Matching Funds (List on next page.)		
14.	Additional Fundraising Needs		
15.	All Other Income (List on next page.)		
16.	In-kind Labor (List on next page.)		
17.	In-kind Materials and Services (List on next page.)		
18.	County Foundation Grant Request (Should equal amount on page 3.)		
	<b>Total Project Revenue</b>		

GRANT REQUEST AMOUNT: Amount listed for item 18.

Note: Grant Award will not cover labor and shipping related cost.

## STOP!

ARE THE TOTAL EXPENSES AND REVENUE ABOVE EQUAL? ARE THEY EQUAL TO THE ITEMIZED NUMBERS ON PAGE SIX?  
IF YES, THEN PROCEED WITH APPLICATION PROCESS. IF NO, PLEASE CORRECT NUMBERS.

### FOUNDATION USE ONLY

Is Project Fully Funded?  YES  NO \_\_\_\_\_

If NO, Is Project Partially Funded?  YES  NO \_\_\_\_\_ AMOUNT FUNDED

If NO, what was the reason? \_\_\_\_\_

Notes: \_\_\_\_\_



## GRANT APPLICATION

## ITEMIZED EXPENSES:

Itemize all expenses listed on page 5.

ITEMIZED EXPENSE	AMOUNT
EQUIPMENT/MATERIAL COST: (list below)	
CONSTRUCTION COST: (list below)	
LANDSCAPE COST: (list below)	
ALL OTHER EXPENSES: (list below)	
<b>TOTAL EXPENSES:</b>	

## ITEMIZED INCOME:

## List Income Sources Below

ITEMIZED EXPENSE	AMOUNT
MATCHING FUNDS: (list below)	
IN KIND LABOR & MATERIALS: (list below)	
OTHER INCOME: (list below)	
<b>TOTAL INCOME:</b>	

*Total Income and Total Expenses must equal on both page 5 and page 6.*

*Labor is figured at \$17/hr.*

**Grant request amount should not include labor and shipping of materials/goods.**

See Grant Principles Sheet for grant exclusions.



## FISCAL SPONSOR AGREEMENT

**Only use if your agency does not qualify to accept funds: ONE COPY ONLY.**

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 \_\_\_\_\_, organization conducting the project, hereafter referred to as the Sponsored Organization, as outlined in the attached application and supporting materials. The Board of Directors of The Sponsor has passed a resolution adopting the Sponsored Organization's project as a program or project consistent with the Sponsor's purpose and mission. The Sponsored Organization's financial activities will be accounted for as a program of The Sponsor for IRS auditing and financial reporting purposes.

Since the Organization is not recognized by the IRS as a charitable tax-exempt entity, The Sponsor must exercise full control over the Sponsored Organization' 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 Organization/Sponsor will also result in a loss of good standing.

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 Representatives

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sponsored Organization Representative Signature

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

\*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. Contact our Administrative Office with questions, or for examples of a letter from a City.)\*