

Lucas County Community Foundation
PO Box 451
Chariton, IA 50049

Grant Application Overview

Mission Statement: To improve the quality of life throughout Lucas County by investing in area nonprofits through our grant program and by providing individuals, families and area businesses who love our communities with a way to give back.

Generally Will Not Fund:

- Existing debt
- Operating expenses, salaries or labor
- Consumable items, freight or shipping

Application Deadline:

March 1st

Grant Application Contact Information:

Hanna Gwinn, gwinnbha@hotmail.com

Eligibility to Apply for Funding:

- 501(c)(3) tax-exempt, nonprofit organizations.
- 170(c)(1) component units of government organizations (*Fire Dept., Ambulance, Libraries, Parks, etc.*)
- Organizations providing services within Lucas County.
- If you are not a 501(c)(3) or a 170(c)(1), you must align yourself with a fiscal sponsor.
- The Final Report for all previous grants must be on file **prior** to submitting a new grant application.
- Please include project estimates and photos if applicable.

Lucas County Community Foundation

Grant Application – Cover Page

Project Title:		Date:
Applicant:	Federal Tax ID#: _____ ___501(c)(3) organization ___170(c)1 government ___Other-_____	

Address:

City:	State:	ZIP Code:
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Contact Person Responsible for the Project & their Title:

Contact Phone:	Contact Email:
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Project Budget: \$	Amount Requesting: \$	Project Start Date:
		Estimated Completion Date:

Type of Project:

___Capital (building of or physical improvement of something) ___Program (operational, activity, general support)

Project Focus Area:

___Arts/Culture/Humanities ___Education ___Environment/Animals ___Health
___Human Services ___Public/Society Benefit ___Other _____

Brief Description of Organization:

Brief Description of Project:

Signature:	Date:
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Send completed original application and 8 copies by **March 1st**
Lucas County Community Foundation
PO Box 451
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Please reach out to Hanna Gwinn with any questions: | gwinnbha@hotmail.com

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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?

Describe the project goals and objectives. Describe the steps you will follow to achieve goals and objectives, complete with timeline:

Describe how you will measure the impact/results of your efforts:

Will this project have long-term impact? How will this project be sustained?

Have you previously received funding from South Central Iowa Community Foundation? If so, when?

Project Budget

Income

Source	Amount
Individual Gifts	\$
Sponsor Cash	\$
Federal Gov. Grants	\$
State Gov. Grants	\$
Private Foundations	\$
Sponsor In-Kind	\$
Private In-Kind	\$
County Foundation	\$
Other	\$
Other	\$
Other	\$
Other	\$

Total:

Expenses

Source	Amount
Land Purchase	\$
Professional Services	\$
Construction Costs	\$
Equipment Purchase	\$
Construction Supplies	\$
Training Costs	\$
Personnel Costs	\$
Other	\$
Other	\$
Other	\$
Other	\$

Total: