

**Decatur County Community Foundation P.O.
Box 278, Leon, IA 50144
Grant Application**

1. APPLICANT requesting funding:

Applicant Address:

Contact Person:

Phone:

Email:

2. Federal Tax ID # of Applicant

3. FISCAL SPONSOR (if applicant is not a 501(c)3 from above):

Fiscal Sponsor Address:

Contact person:

Phone:

Email:

Federal Tax ID #:

4. Project Title:

5. Description of Project: (please attach a budget, estimate, and photos with your application)

6. Cost of Project:

a. Amount of grant request: \$

b. Amount provided by others: \$

c. Amount provided by applicant (must be at least 25% of your budget): \$

d. Total Cost of Project: \$

(Sum of lines A, B, and C must equal line D. Line C should be no less than 25% of Line D)

7. Type of Request: (check one)

Capital Project (building improvements, structures, equipment, computers, etc.)

Program Based Project (activities, services, education, non-durable goods)

8. Project Focus: (check one)

Arts/Culture/Humanities

Health or Human Services

Education

Community Improvement

Youth Development

Recreation or Environment

9. Anticipated completion date of Project:

Signature:

Date:

Application must be postmarked by **March 15**, please attach a budget, estimate, and photos.

Please check your postage to ensure the postage is the correct amount.

Mail 8 full copies of your application to:

Decatur County Foundation

P.O. Box 278

Leon, IA 50144