

SCICF - Union County
PO Box 174
Afton IA 50830

Grant Application Overview

Mission Statement: To contribute to a better life for the people of Union County by helping donors carry out their charitable intent and by providing responsible stewardship of gifts for community purposes.

Types of Grants

Projects or programs

Endowment building

Generally Will Not Fund:

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

Application Deadline:

April 1

Grants will be approved by June 1

Affiliate Grant Application Contact Information:

Sarah Long 641-202-2177

Paul Fuller 712-304-0846

Rhonda Giles 641-782-8633

Erik Niggemeyer 319-530-0275

Meggen Weeks 641-344-2088

Jake McGehee 641-745-5332

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 Union 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, or an approved grant extension, must be on file **prior** to submitting a new grant application.

South Central Iowa Community Foundation

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Project Title	
Applicant (requesting funding)	
Type of Organization	<input type="checkbox"/> 501(c)3 <input type="checkbox"/> 170(c)1 <input type="checkbox"/> other _____
Federal Tax ID Number	_____
Contact Person and Title	_____
Address	_____
Phone Number	_____
Email Address	_____
Fiscal Sponsor Information (if Applicant is not a 501(c)3 from above)	
Name	_____
Contact Person	_____
Address	_____
Phone Number	_____
Email Address	_____
Federal Tax ID Number	_____
Brief Description of Organization:	
Description of Project:	
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	
A. Amount of grant request	_____ (line 8 from project income)
B. Amount provided by others	_____ (sum of 1,3,4,5,7 from project income)
C. Amount provided by applicant	_____ (sum of 2 and 6 from project income)
D. Total cost of project	_____
Type of Request: *choose one	
<input type="checkbox"/> Capital Project <input type="checkbox"/> Endowment (to build your current endowment, you must provide matching funds of up to \$5,000.00)	
<input type="checkbox"/> Program Based Project	
Project Focus:	
<input type="checkbox"/> Arts/Culture/Humanities <input type="checkbox"/> Health or Human Services <input type="checkbox"/> Education	
<input type="checkbox"/> Community Improvement <input type="checkbox"/> Youth Development <input type="checkbox"/> Recreation or Environment	
Anticipated Start Date: _____	Anticipated Completion Date: _____
Signature	Date

Application must be postmarked by April 1, please attach an estimate and photos.

Mail 7 full copies of your application to:

SCICF - Union County

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Describe the need or problem being addressed by this project and how many people will be impacted or served by this grant.

Describe the project goals and objectives. Describe the steps involved, complete with a brief timeline.

Project Budget * Not all lines must be filled out

Project Income

	Source	Amount
1	Individual Gifts	\$
2	Applicant Cash	\$
3	Federal Gov. Grants	\$
4	State Gov. Grants	\$
5	Private Foundations	\$
6	Applicant In-Kind	\$
7	Private In-Kind	\$
8	SCICF- Union County (requested)	\$
		\$
Total Project Income		\$

Project Expenses

	Source	Amount
	Land Purchase	\$
	Professional Services	\$
	Construction Costs	\$
	Equipment Purchase	\$
	Construction Supplies	\$
	Training Costs	\$
	Personnel Costs	\$
		\$
		\$
Total Project Expense		\$

** Total project income and total project expense should be equal