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 must be on file **prior** to submitting a new grant application.

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Project Title

Applicant (requesting funding) _____

Type of Organization ☐ 501(c)3 ☐ 170(c)1 ☐ 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

☐ Capital Project ☐ Endowment (to build your current endowment, you must provide matching funds of up to $5,000.00)

☐ Program Based Project

Project Focus: ☐ Arts/Culture/Humanities ☐ Health or Human Services ☐ Education

☐ Community Improvement ☐ Youth Development ☐ 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

P.O. Box 174

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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