

CLAY COUNTY COMMUNITY FOUNDATION
COMMUNITY BETTERMENT GRANT APPLICATION
COVERSHEET

Organization _____ Founding Date _____

Mailing Address _____

City, State, Zip _____ Phone _____

501(c)(3) status Yes No EIN Number _____

Contact Person and title _____

Phone _____ Email _____

Major sources of operating funds (by%) _____

Organization's Annual Operating Budget: \$ _____

Name of Project _____

Description of project for which funds are requested (no more than 25 words) _____

Specifically, how will funds be used? _____

What past grants have you received from this foundation? (project name/amount) _____

Anticipated project timetable _____ through _____ Geographic area served by project _____

Client group (and number) served by project _____

Total Project Cost _____

Total Amount Request from Clay County Community Foundation _____

Signature of Board Officer: _____ Title _____ Date _____

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PROJECT DESCRIPTION

In one page or less, describe your proposed project. What do you plan to do, and why? Where and when? Who will be responsible for carrying out the proposed project?

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ADDITIONAL NARRATIVE

Please provide the following information in the space provided:

1. Applicant's Ability to Carry Out Project

Does applicant have a record of effective service? Is the applicant qualified and prepared to take on the proposed project? Is there broad community support (volunteers and financial) for the project?

2. Need and Impact:

What need, problem or issue will be addressed by the project? How was the need identified? Does the proposed project address one or more of the Clay County Community Foundation's prioritized needs? (If so, which ones?) What other resources are available to fund or undertake the project? What other funding sources have been considered and explored? Why is a CCCF Community Betterment Grant needed to make this project happen? What will be the result of this project? Describe the individuals impacted by this project. How will Clay County communities be enhanced or improved by this project? What other future spin-off effects are anticipated?

3. Budget:

How much is being requested from CCCF for this project? What is the total cost of the project? What is the source of other funds being provided for this project? Is the budget realistic? Is the funding amount requested appropriate?

Income

Source	Amount
In Kind Volunteer Donations	\$
In Kind Staff Hours	\$
Donations	\$
Other Grants	\$
Other Income	\$
Clay County Community Foundation Request	\$

Total: _____

Expenses (Please attach quotes and estimates to email submission)

Source	Amount
	\$
	\$
	\$
	\$
	\$
	\$

Total: _____

4. Evaluation and Sustainability:

What are the expected outcomes of this project? How will those outcomes be measured? Will this be a one-time event, or an on-going project? If it is intended to be on-going, how will it be sustained?

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SUPPORTING DOCUMENTS

Supporting Documents: *One complete set of attachments must accompany the original application that is to be mailed to the following address:*

CCCF Administrative Office
1915 Grand Avenue
Des Moines, IA 51101

REMEMBER TO PRINT A COPY OF THIS FORM (COVER PAGE, PROJECT DESCRIPTION, AND ADDITIONAL NARRATIVE PAGES) AND OF EACH SUPPORTING ITEM BELOW AND MAIL TO THE DES MOINES OFFICE AT THE ADDRESS ABOVE.

- Current Copy of IRS Determination ruling letter, unit of local government verification letter, or Fiscal Sponsorship Agreement form.
- Names and titles of organization leadership, including trustees, directors, board officers and key staff personnel.
- (Optional) Any attachments that will help clarify organization's credibility or intent of project.

Applications must be emailed and mailed copies must be postmarked no later than January 15.