



## Grant Applications are due at 4pm on Friday, November 6, 2020 on paper

### 2020/2021 Community Foundation of Osceola County Grant Application Form

The Community Foundation of Osceola County (CFOC) was formed to coordinate and provide philanthropic support for community betterment projects in Osceola County. Our goals are to assist qualified organizations through grant distributions, encourage individual and corporate involvement through gifts and bequests, and to administer and invest funds for the creation of perpetual opportunities and services. The foundation is made up of community-minded individuals who have the ability to assess community needs, implement asset development, evaluate area grant applications, encourage partnerships and initiate activities to enhance Osceola County.

#### Grant application essentials:

- Grant applications are available October 1 and are must be received by 4pm Friday, November 6, 2020.
- Please submit applications to Community Foundation of Osceola County, 300 7th Street, Sibley, Iowa 51249.
- Application limits are set at \$5,000.00 per application per applicant.
- Funding decisions will be made public in January 2021
- Fiscal sponsors are only necessary when the grant check will be made out to an organization that is different than the applicant. If you need a fiscal sponsor, complete the attached **Fiscal Sponsorship Form**. If you are a nonprofit and are set up as your own 501c3, you would not need a fiscal sponsor. The Osceola County Economic Development Commission (OCEDC) can serve as your fiscal agent, which means we keep the grant funds and pay your project costs directly. If you have questions about this, please contact the OCEDC.
- There is a limit of one application per organization per grant cycle. Any organization who has an outstanding grant from previous years that have not spent all their grant dollars, or has not completed the evaluation form and supporting materials by November 6, 2020, will NOT be eligible to apply.
- Projects must be completed within 6 months from the award date if the organization plans to apply during the following grant cycle. If an extension is required, there is a form to complete.

#### Important info for grant requests:

- Our foundation offers grants in the following areas: arts and culture, community and economic well-being, environment, health, human services, recreation and technology.
- The CFOC board looks for projects that address significant community issues; present innovative, creative and practical proposals which build on community strengths; develop the leadership potential of the community; involve people served in the planning and implementation of the program; provide a plan for sustainability beyond the funding period; capital projects that impact a significant number of Osceola County residents.
- Applications are evaluated on their benefit to residents of the county; number of residents who will be affected; limitation on the use of funds for capital or program expenditures; completeness of application; identification of needs and how funds will address needs; collaborative relationships and matching funds.
- CFOC **cannot** fund: ongoing project support and operating support; annual and capital campaigns; equipment unless it is essential for the program; budget deficits; endowments; individuals; recurring funds; religious purposes (this does not exclude grants to religious organizations for non-religious purposes).
- All projects must take place within Osceola County.

#### Only the following entities can receive foundation grants:

- 501(c)(3) tax-exempt not-for-profit organizations
- Local governments
- Organizations providing services within the county operating and organized in compliance with applicable laws.

Attached below is the Grant Application Form. See the OCEDC website (<https://www.osceolacountyia.com>) for an electronic copy of this grant application. If you have any questions please call 712-754-2523, or visit the Osceola County Economic Development office at the Osceola County Courthouse on 300 7<sup>th</sup> Street, Sibley, Iowa.



- Community Benefits:

- Community Support:

7) Anticipated completion date of Project:

8) Please list names and titles of the organization's board or committee members (attach if desired).

10) Please attach any relevant estimates and quotes to this application.

The undersigned certifies that: 1) they are authorized to represent the Organization applying for a grant, 2) the information contained in the application is accurate, 3) the grant will be used only for the purpose outlined above, 4) the Applicant will publically acknowledge the Foundation's grant.

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Signature of Project Representative

(Print or Type Name & Title)

Date

Please deliver or mail **SEVEN** copies of this completed form, and **ONE** current copy of IRS Determination ruling letter indicating that you are a tax-exempt organization, to Community Foundation of Osceola County by 4 pm Friday, November 6, 2020. Applications must be received by 4pm on November 6<sup>th</sup>, and not just postmarked by that date.

# PROJECT BUDGET

Note: Please attach any available cost estimates to this application to help the Foundation board better understand your project.

Name or short description of proposed project:

## INCOME

*Note: Only complete the relevant lines for your project*

Source of Resources	Amount
Community Foundation Grant requested	\$
Other Grants	\$
Fundraising events and products	\$
Value of volunteer labor ( ___ hrs.@ \$ ___/hr.)	\$
Donated Materials _____	\$
Donated Equipment	\$
Individual Contributions	\$
Other (Specify) _____	\$
Other (Specify) _____	\$
<b>Total Income</b>	<b>\$</b>

## EXPENSES

*Note: Only complete the relevant lines for your project*

Item	Amount
Salaries & wages	\$
Materials	\$
Donated Materials _____	\$
Donated Equipment	\$
Labor Costs	\$
General operating	\$
Other (Specify) _____	\$
Other (Specify) _____	\$
<b>Total Expense</b>	<b>\$</b>

**Balance** (Income less expense)

\$

*(Should = \$ 0.00)*

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## Fiscal Sponsorship Agreement

**Note: Please complete ONLY if you will not serve as your own fiscal agent**

Date: \_\_\_\_\_

**Fiscal Sponsor (Legal Applicant):**

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**Fiscal Sponsor Contact Person and Email:**

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**Fiscal Sponsor Full Mailing Address:**

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**Sponsored Organization Conducting Project:**

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**Project Name:**

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\_\_\_\_\_ (Legal Applicant/Fiscal Sponsor, hereafter referred to as **The Sponsor**) has agreed to serve as a fiscal/program sponsor for the \_\_\_\_\_ (Organization conducting project, hereafter referred to as the **Sponsored Org.**) as outlined in the attached application and supporting materials. The Board of Directors of **The Sponsor** has passed a resolution adopting the **Sponsored Org.'s** project as a program or project consistent with the **Sponsor's** purpose and mission. The **Sponsored Org.'s** financial activities will be accounted for as a program of **The Sponsor** for IRS auditing and financial reporting purposes.

Since the **Sponsored Org.** is not recognized by the IRS as a charitable tax-exempt entity, **The Sponsor** must exercise full control over the **Sponsored Org.'s** financial administration, management and disbursement of funds resulting from this grant application. **The Sponsor** has delegated \_\_\_\_\_ (name of person/s) as responsible for fulfilling of these accounting and reporting functions subject to the ultimate authority of the Board of Directors of **The Sponsor**. **The Sponsor** is responsible for ensuring completion of timely reports and submission of necessary financial statements to the Community Foundation's Administrative Office (contact info below). Failure to insure timely reporting on behalf of the **Sponsored Org./Sponsor** will also result in a loss of good standing.

This agreement will be in effect from the date of a grant award to support the above-named project until the grant funds are expended and the final report has been submitted and accepted.

We agree to the terms stated above in this agreement:

**Legal Applicant/ Fiscal Sponsor Representative Signature:**

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**Printed Name:**

**Date:**

**Sponsored Organization Representative Signature:**

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**Printed Name:**

**Date:**

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*\*Attach to this agreement the Fiscal Sponsor's 501(c)(3) Tax-Exempt Determination Letter or comparable proof of charitable exemption. (i.e. a letter from a City, confirming their status as a government entity. Contact our Administrative Office with questions, or for examples of a letter from a City.)\**