



Pocahontas county foundation

"Building Within Communities"

Pocahontas County Foundation

PO Box 86

Pocahontas IA 50574

pocofoundation@pocahontas-county.com

<http://pocahontas-county.com/>

Grant Application

Mission Statement: The mission of the Pocahontas County Foundation is to foster private giving, strengthen service providers and improve the County. It will promote endowment building, community betterment, grantmaking, organizational collaboration, and public leadership for the benefit of Pocahontas County.

What we support: The Pocahontas County Foundation will provide grants to improve life in Pocahontas County, Iowa. We want to support development of all our communities into places where people want to live, as well as to benefit rural areas of the county. Areas of Foundation giving are: arts & culture, human services, education, environmental/animals, public and society benefit, and health.

Eligibility to Apply for Funding:

- Tax exempt, non-profit entities classified by the IRS as 501(c)(3) or a 170 (c)(1) governmental entity
- If not 501(c)(3), must secure a fiscal sponsor who will be legally & financially responsible
- One application per organization

Application Deadlines:

Mandatory informational meeting 6:30 pm Wednesday, October 12, 2016 at the Prairie Lakes AEA Meeting Room, 500 NE 6th St, Pocahontas (1/2 mile North of the Indian Statue).

Grant must be received by November 18, 2016. Mail **11 copies** to the address at top of this page.

Grants will be approved by December 31, 2016 and awarded in January 2017.

Pocahontas County Foundation Board Members:

Bill Winkleblack, Chair

Steve Trimble, Vice Chair

Megan Hauswirth, Treasurer

Donald Beneke

Kristy Mather

Glenda Mulder

Janell Rittgers

John Wells

Advisory Member: Tom Grau

Grant Application Instructions

Checklist/Instructions:

- Organizational information has been completed
- Contact information has been completed. An e-mail address must be provided for correspondence.
- Project summary has been completed
- Project budget detail has been completed.
- Project narrative information has been completed
- Project time line has been completed
- 11 stapled copies** of entire application, **4 pages Maximum** (Application begins on page 3 of this document)
- If you are a new applicant, One Copy of 501 (c)(3) IRS Determination letter at the top of the packet of 11 copies (not stapled to an application)
- All grant applications must be received via mail by the deadline date of November 18, 2016
- One Copy of Fiscal Sponsorship agreement completed **if** a fiscal sponsor is being used

Definitions/Explanations

501(c)(3) or 170(c)(1): Organizations must be recognized by the Internal Revenue Service as tax-exempt, nonprofit, public charities under section 501(c)(3) or as a “unit of government” under Section 170(c)(1) to receive grant funding. A 501(c)(3) is a section of the Federal Tax Code, which establishes the criteria for tax-exempt charitable organizations. Section 170(c)(1) refers to agencies that conduct activities to benefit the public at large, like public schools, state universities, public libraries and volunteer fire departments.

Fiscal Sponsor: If your organization is not a qualified nonprofit, then you must secure a fiscal sponsor: an organization that is receiving the money on behalf of the grant applicant and is responsible for disbursing the money for the project and maintaining appropriate documentation. This entity must be a 501(C)(3) or a 170 (c)(1) unit of government in order to serve in this capacity. A fiscal sponsorship agreement must accompany the grant application if a fiscal sponsor is being used.

Evaluation will be due September 15, 2017.

2017 Pocahontas County Foundation Grant Application Cover Page

Applicant Requesting Funding/Fiscal Sponsor (If the organization is not a 501(c)(3)):

Organization conducting project (if different from Applicant/Fiscal Sponsor):

Project Title:

Federal tax identification number of Applicant/Fiscal Sponsor (EIN):

Applicant/Fiscal Sponsor Address:

Applicant/Fiscal Sponsor Contact Person & Title:

Applicant/Fiscal Sponsor Contact Person Phone & Email (required):

Organization/Project Address (if different):

Organization/Project Contact Person (if different), Phone, Email:

Both items need to be completed: Total Cost of Project: _____ Amount Requested: _____

Type of Request (check one): Capital Based or Program Based

Program Based: Operational, activity, general programmatic support

Capital Based: The building of or physical improvement of something

Project Focus Area (check only one):

- Arts/Culture/Humanities Human Services Education Environment/Animals
 Public/Society Benefit Health Other

Brief Description of Organization:

Brief Description of Project:

2017 Pocahontas County Foundation Grant

Double click in table to begin

Anticipated Expenditures:

*Equipment Costs (see itemization below)	_____
~Associated expenses (freight, software, etc)	_____
~Labor to install (training)	_____
*Construction Costs (see material listing below)	_____
~Related costs (site prep, delivery charges, etc)	_____
~Labor to construct	_____
~Landscaping materials (permanent fixtures, listed below)	_____
~Plant cost (identify annual or perennial)	_____
~Labor or other related costs	_____
*Education program or community service	_____
~Associated expenses (breakdown below)	_____
*Other qualifying project (give details below)	_____
*Any other expenses (list below if necessary)	_____
Total Project Expenditures	_____ \$0.00

****NOTE: Total Expenditures must equal Total Revenue****

Funding Sources:

*Applicants own money	_____
*Pledged funds from other sources (identify below)	_____
*Other grant receipts (listed below)	_____
*Matching funds (identify source below)	_____
*Anticipated fundraising needs	_____
*All other incomes (listed below as necessary)	_____
*In-kind labor (identify source below)	_____
*In-kind materials and services (list below)	_____
*County Foundation grant request	_____
Total Project Revenue	_____ \$0.00

Explanation of Expenditures from above:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Explanation of Revenue from above:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Fiscal Sponsorship Agreement - One copy only
(Only use if your agency does not qualify to accept funds.)

Date:

Fiscal Sponsor (Legal Applicant):

Fiscal Sponsor Contact Person and Email:

Fiscal Sponsor Full Mailing Address:

Sponsored Organization Conducting Project:

Project Name:

(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:

Printed Name:

Date:

Sponsored Organization Representative Signature:

Printed Name:

Date:

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.)