2011 Grant Application
Keokuk County Community Endowment Fund

KCCEF, P. O. Box 11, Sigourney, IA 52248

Only Applications using the 2011 form will be accepted for consideration.
All instructions must be followed and all items on checklist (P.4) must be included with application.
Mail Nine Copies of this application to: KCCEF Grant Committee, P.O. Box 11, Sigourney, IA 52591

Application Deadline: Postmarked No Later Than October 31, 2011

Town in which project is based: (If not within city limits, use Keokuk County) _____

Name of Organization: _____

Project Contact: _____ Day Phone: _____

Address: _____ Eve Phone: _____

City Zip: _____ Email: _____

Other Project Board Members: _____

_____ _____

_____ _____

_____ _____

Name of Project: _____

Total Amount of Project: _____ Amount Requested: _____
From This Grant

Tax ID Number Used: Employer Identification Number (EIN): 501(c)(3): _____

For Government Body 107(b): _____

(Please attach ONE copy of the most current IRS Exemption Letter for 501(c)(3) status)

Organization to which this tax number is assigned: _____

Chief Executive Officer Authorizing Use of this Number:

Name: _____ Title: _____

Signature: _____ Phone: _____

Organization Board/Council Members (if different from above) _____

_____ _____

_____ _____

_____ _____

The undersigned certifies that s/he is authorized to represent the organization applying for this grant and that the information contained in this application is accurate. The undersigned agrees that if a grant is awarded to the organization:

- **the grant will be used for the purpose outlined in the grant application and may not be used for any other purpose without prior written appoval (Form C) from the KCCEF Grant Committee.**
- **the KCCEF and its board members have received nothing of material value in exchange for the award.**
- **information about the organization and the grant may be used by the KCCEF in any published materials.**
- **evaluations (Form E) must be returned upon completion of the project or no later than one year following the award.**
- **any award funds exceeding the cost of the completed project must be returned to KCCEF at above address.**
- **if the project cannot be completed within one year from award, Form C must be completed outlining circumstances of delay, or entire amount of grant must be refunded to KCCEF at above address.**
- **failure to follow any of the guidelines will result in disqualification from future grants.**

_____ _____

Signature of Authorized Project Director Date

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Type of Funding: ☐ Capital Support ☐ Special Project

Project Focus: ☐ Youth ☐ Community Betterment ☐ Environment
☐ Recreation ☐ Health Services ☐ Education ☐ Arts/Culture

Brief History of Your Organization: (including any current major changes) _____

Goals/Mission Statement for your Organization: _____

Project Description and Goals: (Describe the community need or problem being addressed for which you are requesting funds)

Population and Area Served by Project: _____

Timeline for Start and Completion of Project: (Projects should be completed within one year of receipt of funds.)

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Detailed Budget For This Project: (Providing cost details by project segments may allow for partial funding if total funding is not possible)

Item: _____ $ _____

Item: _____ $ _____

Item: _____ $ _____

Item: _____ $ _____

Item: _____ $ _____

Item: _____ $ _____

Item: _____ $ _____

Item: _____ $ _____

Total Project Cost: $ _____

For government agencies, please submit one copy of 1st page from the public hearing notice.

For all others, supply the following:

Please give us the following financial information about the project organization:

Balance in Organization's Project Savings Account on Oct 1, 2011: $ _____

Balance in Organization's Project Checking Account on Oct 1, 2011: $ _____

Amount of Organization Assets to be used for this project: $ _____

(Please provide ONE copy of the organization budget and most recent audit, if available)

If you are using a sponsoring organization's tax number, please supply the following:

Amount of Sponsoring Organization's donation for this project: $ _____

Other Sources of Funding for this Project: (Grants, Donations, Fundraisers, etc.)

Source: _____ ☐ Projected ☐ Confirmed $ _____

Source: _____ ☐ Projected ☐ Confirmed $ _____

Source: _____ ☐ Projected ☐ Confirmed $ _____

Source: _____ ☐ Projected ☐ Confirmed $ _____

Source: _____ ☐ Projected ☐ Confirmed $ _____

Total Other Sources: $ _____

Have you ever received KCCEF grant money for this particular project?

☐ No ☐ Yes (If yes, amount) $ _____

Please list any previous applications made by your organization for KCCEF grants.

Year:	Project:	Amount Requested	Amount Received
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____
_____	_____	$ _____	$ _____

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Instructions & Checklist

(Please read these instructions carefully to ensure acceptance of your application)

Only Applications using the 2011 form will be accepted for consideration.
All pages must be returned in the numerical order listed below.
Additional information including photos may be included after the numbered pages only.

- ☐ Page 1 — Town, Organization, Project Contact & Project Board, Name of Project, Total Amount of Project, Amount Requested, Tax IDs, Authorizing Agency, Signatures.
- ☐ ► One copy of of most Current IRS Exemption Letter for 501(c) (3) status
- ☐ Page 2 — Type of Funding, Project Focus, Brief History & Goals of Organization, Project Description Population Served, Timeline
- ☐ Page 3 — Project Budget, Organization Assets, Sponsoring Organization Assets, Other Funding Previous KCCEF Grant Information
- ☐ ► One copy of the organization's annual budget, if available
- ☐ ► One copy of the organization's latest audit, if available
- ☐ ► For governmental bodies, one copy of the annual budget
- ☐ Any extra information or photos that may be relevant to your project
- ☐ Nine Copies of this application
  ► One copy marked Original should have extra items marked with a ► above
- ☐ Mailed to: KCCEF Grant Committee, P.O. Box 11, Sigourney, IA 52591

Application Deadline: Postmarked No Later Than October 31, 2011

Note: Applications will be reviewed by the grant committee, with final approval given by the Greater Des Moines Community Foundation. Grant amounts are dependent upon the allocation of funds available to the Iowa Community Foundation each year. Grants are slated to be awarded no later than April, 2012.

For more information, please contact:

Shirley Altenhofen, Chair, Grant Comm.	641-635-2996	grantchair@kcendow.org
Stephen Bond, KCCEF Chair	641-680-0908	chair@kcendow.org
Barb Spicer, Vice Chair	319-667-2775	vicechair@kcendow.org
Ann Spillman, Secretary	641-653-4734	sec@kcendow.org
Laurie Luettjohann, Treasurer	641-622-9955	treas@kcendow.org

Or visit our website to find your current city or county representative: www.kcendow.org

Form E - Keokuk County Community Endowment Fund Evaluation

(Must be returned upon completion of project or at award anniversary. If project not finished, complete Form C as well.)

Organization: _____ Contact: _____

Project: _____ Phone: _____

Completion Date: _____

Please briefly summarize the goals of your project and explain how you were able to attain those goals:

(Include any unexpected benefits or successes) _____

_____

_____

_____

_____

_____

_____

_____

_____

Please relate project results and the tools used to measure your success: (What method was used to evaluate the project?)

_____

_____

_____

Please outline any unexpected obstacles and how you were able to address them: _____

_____

_____

_____

Please summarize the project's future plans, if any: (Include any changes this past year's experience may have influenced.)

_____

_____

_____

Please compare the actual cost of the project to the estimated budget: (Please attach copies of invoices or bills)

_____

_____

_____

If your project ran under budget, have you returned excess funds to the KCCEF? _____

Please describe any publicity the project has received, including recognition of the KCCEF: (Please attach copies of articles and photos of project)_____

_____

_____

_____	_____	_____	_____
Signature of Project Director	Date	Signature of KCCEF Representative	Date

Keokuk County Community Endowment Fund
Form C - Completion Delay or Change Request

(Must be returned upon the anniversary of award if project is not finished, or before any changes are initiated.)

Organization: _____ Contact: _____

Project: _____ Phone: _____

What type of request are you filing: ☐ Completion Delay (Complete Section A & C) ☐ Project Change (Complete Section B & C)

Section A

Please explain the circumstances surrounding the delay of your project's completion:

_____

_____

_____

_____

_____

_____

Percent of project finished to date: _____ Expected Completion Date: _____

Do you foresee any possibility that the project may not be completed at this future date? _____

Section B

Project changes are only allowed for unanticipated problems that develop after the award as been made. Please explain those unforeseen conditions, in detail, attaching photos if necessary:

_____

_____

_____

_____

_____

What changes are necessary to enable the organization to meet the project goals: _____

_____

_____

_____

Percent of project finished to date: _____ Expected Completion Date: _____

Do these changes require more funds than was originally estimated? _____

If so, what is the source of the additional funding? _____

Section C

I understand that if the project is not completed, all funds received from KCCEF must be returned, that upon completion of the project, the evaulation form must be submitted to KCCEF, that no changes must be intiated until approval is granted by KCCEF as demonstrated by signature below, and that any further complications must be reported in writing to KCCEF using a duplicate copy of this form.

_____ _____

Signature of Project Director Date

Approval is granted for the changes and / or delay requested above.

_____ _____

Signature of KCCEF Representative Date