

**Keokuk County Community Endowment Foundation**

**2010 GRANT APPLICATION**

P. 1

**Note:** THIS PAGE MUST BE ATTACHED TO THE **FRONT** OF YOUR APPLICATION  
**ONLY applications using this 2010 FORM will be accepted for consideration.**

All items on checklist must be included with application.

All pages must be returned in NUMERICAL ORDER.

Additional information may be included following the numbered pages.

**Application deadline:**  
**POSTMARKED NO LATER THAN OCTOBER 29, 2010.**

Mail SIX COPIES of this application to: **KCCEF Grant Committee**  
**P.O. Box 11**  
**Sigourney IA 52591**

COMMUNITY IN WHICH PROJECT IS BASED (if not within a city, use Keokuk Co.):

\_\_\_\_\_

ORGANIZATION APPLYING: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Project board members: (if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AMOUNT REQUESTED** for this grant: \$ \_\_\_\_\_

TAX ID NUMBER used: EIN: 501(c)(3) status: \_\_\_\_\_, or

Unit of Gov. 107(b): \_\_\_\_\_

Organization to which this tax number is assigned: \_\_\_\_\_

**Signature of Chief Executive Officer authorizing use of the above tax number:**

\_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_

TYPE OF FUNDING: \_\_\_ Capital Support \_\_\_ Special Project

Requesting organization, **total organization cash and deposits** \$ \_\_\_\_\_

(check appropriate area)

**PROJECT FOCUS:** \_\_\_ Youth \_\_\_ Community Betterment \_\_\_ Environment

\_\_\_ Arts/Culture \_\_\_ Health Services \_\_\_ Education \_\_\_ Recreation

**SUMMARY**

**VERY BRIEF HISTORY OF YOUR ORGANIZATION;** including any current major changes:

GOALS OF YOUR ORGANIZATION: (Brief)

PROJECT DESCRIPTION/ GOALS: (Brief)

TIMELINE FOR START AND COMPLETION OF PROJECT:

BUDGET: ( Include BOTH the project budget and a copy of your **organization's annual budget**, if applicable.)

Please include a copy of your most recent audit, if applicable.

FUNDING FROM OTHER SOURCES FOR THIS PROJECT:

(Grants, donations, fund raisers, etc.) AMT. REC.'D	AMT. REQUESTED
_____	_____
_____	_____
_____	_____
TOTAL:	_____

PREVIOUS KCCEF GRANT MONEY RECEIVED FOR THIS PARTICULAR PROJECT:

AMT. REC.'D	YEAR
_____	_____
_____	_____
_____	_____
TOTAL	_____

ANY PREVIOUS APPLICATIONS MADE BY YOUR ORGANIZATION FOR KCCEF GRANTS: (last 5 years) + received or not received)

Date	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL		_____

# CHECKLIST

\_\_\_\_\_ USED 2010 REVISED APPLICATION FORM page 1

\_\_\_\_\_ NAME OF COMMUNITY (organization name) page 1

## **ORGANIZATION**

\_\_\_\_\_ CONTACT PERSON AND BOARD (if applicable) page 1

\_\_\_\_\_ PROJECT TITLE page 1

\_\_\_\_\_ AMOUNT REQUESTED page 1

\_\_\_\_\_ TAX STATUS ID # \_\_\_\_\_ page 1

\_\_\_\_\_ SPONSORING ORGANIZATION, CEO SIGNATURE AND LIST of BOARD MEMBERS (if applicable) page 1

\_\_\_\_\_ FUNDING TYPE page 2

\_\_\_\_\_ PROJECT FOCUS page 2

\_\_\_\_\_ SUMMARY: History page 2

\_\_\_\_\_ Goals page 2

\_\_\_\_\_ Description page 2

\_\_\_\_\_ Timeline page 2

\_\_\_\_\_ AUDIT, (if applicable) page 2, requesting Grantee cash on hand and deposits

\_\_\_\_\_ PROJECT BUDGET page 3

\_\_\_\_\_ OTHER FUNDING page 3

\_\_\_\_\_ PREVIOUS KCCEF GRANTS RECEIVED FOR THIS PROJECT page 3

\_\_\_\_\_ PREVIOUS KCCEF GRANTS RECEIVED FOR OTHER PROJECTS page 3&4

\_\_\_\_\_ **SIX (6) COPIES** POSTMARKED, NO LATER THAN OCTOBER 29, 2010

MAIL TO: KCCEF GRANT COMMITTEE P.5

P.O. BOX 11

SIGOURNEY IA 52591

NOTE: Applications will be reviewed by the KCCEF Grant Committee.

**Grants are slated to be awarded no later than April, 2011.**

**FOR QUESTIONS, please contact:**

**STEPHEN BOND**, Foundation Chair 641-680-0908

**BARB SPICER**, Vice-Chair 319-667-2775

**ANN SPILLMAN**, Secretary 641-653-4734

**LAURIE LUETTJOHANN**, Treasurer 641-622-9955

**SHIRLEY ALTENHOFEN**, Grant Committee Chair **641-635-2996**

Or contact your local officials to find your city or county representative.

Form revised 6-4-10

**Are you willing to be a partner organization with the Keokuk County Community Endowment Foundation and help promote the growth of our endowment?**      **yes**      **no**