

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 page2

___ 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 page3

___ PREVIOUS KCCEF GRANTS RECEIVED FOR THIS PROJECT page3

___ 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**