



## Grant Application Instructions

1. Please provide a complete budget. The budget of your project needs to include the full cost balanced with the funding to complete the project. Costs offset by donated work or materials do count in the formula. Please show what other funding is available other than Greater Madison County Community Foundation grant funding.
2. Please provide a complete description of the project. The project description does not need to be long. In fact, we appreciate a short well written description.
3. Reminder, GMCCF does not directly fund or supplement salaries.
4. If you have a video presentation of your project, please provide a link to where the GMCCF Board Member can view the video
5. If you are including a project brochure, attachment, etc., you will need to include 16 copies and deliver them to Tom Leners at 1217 North 6th Ave, Suite 3.

### **New for 2023**

**Applications are to be submitted electronically via e-mail to:  
[tom@madisoncountydevelopment.com](mailto:tom@madisoncountydevelopment.com)**

**Questions should be directed to the Foundation Administrator  
(515) 462-1891.**

Grant # \_\_\_\_\_ (For Foundation Use)

1217 North Sixth Avenue, Suite 3  
(515) 462-1891

[tom@madisoncountydevelopment.com](mailto:tom@madisoncountydevelopment.com)



**Please submit the completed grant application electronically to:  
[tom@madisoncountydevelopment.com](mailto:tom@madisoncountydevelopment.com).**

**The application deadline is 4:00 PM, March 31, 2023.**

Project Title:

**Organizational Information**

Name of Organization:

Legal name (as listed with IRS, if different than above):

Organization Address:

Employer Id Number (EIN):

Phone:

Website:

Contact Person for this application:

Relationship to Organization:

Phone:

E-Mail:

**If your organization is not an IRS 501(c)3 you MUST have a fiscal sponsor that is either a 501(c)3 or 170(c)1 organization. (Applications submitted without fiscal sponsor WILL NOT be considered.) See page 4.**

Fiscal Sponsor Organization:

**Total cost of Project:**

**Amount Requested:**

**Brief Description/Explanation of Project (550 character LIMIT):**

Type of Request (check one):

Capital Based

Program Based

**Capital:** building of or physical improvement of something / **Program:** operational, activity, general programmatic support

Project Focus Area (check one):

Arts/Culture/Humanities

Human Services

Education

Environment/Animals

Public/Society Benefit

Health

Other

Are you requesting for the continuation of a previously funded Foundation project?                      Yes                      No

If yes, please indicate reason:

Describe your organization. (Charitable purpose, activities, population served, major changes, local history, etc...) *500 characters*

Expand on the proposed project, including: goals, objectives, community need, benefits, community support, and any other information you deem significant. **(Attach 1 single sheet if necessary)** *1500 characters*

Indicate desired impact and how you will measure and evaluate the results of the project. Be specific regarding community needs/issues your project will address. *500 characters*

Considering the availability of project funding, describe your time-line for the project including expected start and completion dates. **500 Characters**

Will this project be completed if request is not fully funded?                      Yes                      No

**Project Budget**

Source	Expenses	Amount
Land Purchase		
Professional Services		
Construction Costs		
Equipment Purchase		
Construction Supplies		
Training Costs		
Personnel Costs		
Other Expense		

**Total:**

Source	Income	Amount
Sponsor Cash		
Federal Gov. Grants		
State Gov. Grants		
Private Foundations		
Sponsor In-Kind*		
Private In-Kind*		
County Foundation Grant		
Other Income		

**Total:**

(Should equal cost of TOTAL COST OF PROJECT from Page 1)

\* **In-Kind gift:** when a foundation or other entity contributes a good or service in lieu of providing monetary grants. In-Kind contributions support the daily operations of an organization.

**Approval Agreement from Applicant Organization**

We approve submission of this grant request and certify that the purpose of this request is charitable and that an funds received from the Great Madison County Community Foundation will be used solely for the project state in this application.

Board Chairperson or designated representative: (signature)

Board Chairperson or designated representative: (print)

Date:

If organization applying is not a 501(c) 3 this form MUST accompany the grant application.

## Fiscal Sponsorship Agreement

Date:

Fiscal Sponsor (Legal Applicant):

Fiscal Sponsor Contact Person:

Fiscal Sponsor Contact Person E-mail:

Fiscal Sponsor Full Mailing Address:

Sponsored Organization Requesting Funding:

### **Project Name:**

(hereafter referred to as **The Sponsor**) has agreed to serve as a fiscal/ program sponsor for the (hereafter referred to as the **Sponsored Org.**) as outlined in the attached application and supporting materials.

The Board of Director 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) as responsible for fulfilling of these accounting and reporting functions subject to the ultimate authority of the Board of Director 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. Failure to insure timely reporting on behalf of the **Sponsored Org./Sponsor** will 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:

Fiscal Sponsor (Legal Applicant) Rep. Signature:

Fiscal Sponsor (Legal Applicant) Rep. Printed:

Date:

Sponsored Org. Rep. Signature:

Sponsored Org. Rep. Print:

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.*

### **Definitions/Explanations**

**Fiscal Sponsor:** is 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 to serve in this capacity. A fiscal sponsorship agreement must accompany the grant application if a fiscal sponsor is being used.

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 department.