



Greater Madison County Community Foundation Cemetery Restoration Fund Application

Please Submit Grant Applications electronically (if possible) to:

director@madisoncountydevelopment.com

1217 N. Sixth Ave. Suite 3

Winterset, IA 50273

Applications Accepted **April 1st** (or first business day after) to **October 31st** (or last business day before)

Name of Organization: _____

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

Organization Address or Address of Primary Contact: _____

Employer Identification Number (EIN): _____

Phone: _____

Contact Person for Application: _____

Relationship to Organization: _____

Phone (if different than above): _____

Email (if available): _____

If your organization is not an IRS 501(c)3 or a form of government then you must have a fiscal sponsor that is either.

Fiscal Sponsor Organization Name (if applicable): _____

Fiscal Sponsor Organization Employer Identification Number (EIN, if applicable): _____

Fiscal Sponsor Organization Contact Person (if applicable): _____

Fiscal Sponsor Organization Phone (if applicable): _____

Fiscal Sponsor Organization Email (if applicable): _____

Cemetery or Cemeteries work is to be completed in: _____

Number of known damaged stones in Cemetery or Cemeteries

(list the totals individually if more than one cemetery): _____

Describe the Work to be Completed:

Total Project Cost (excluding in-kind contributions): _____

Total Amount Requested: _____

Stone Work (Cleaning, Repair, Replacement, or Resetting)

Budgeted Amount: _____

Requested Amount (max 75% of Budgeted Amount): _____

Exterior Fencing (repair, maintenance, replacement, includes basic access gates)

Budgeted Amount: _____

Requested Amount (max 50% of budgeted amount): _____

Vegetation Clean-up (tree removal where it threatens stones or fencing, seeding, site reclamations)

Budgeted Amount: _____

Requested Amount (max 50% of budgeted amount): _____

Please attach supporting estimate or documentation (no older than 60 days of application) and photographic documentation of the concern(s) the application seeks to address. Applicants are committing to filling out a brief grant report upon completion along with paid invoices and photographic documentation of completed work.

Grant requests will be considered in the order they are received. The Greater Madison County Community Foundation reserves the right to not fund a particular project based on the quality of the application, grant distribution across the county, past project history, and the availability of funds. The Greater Madison County Community Foundation reserves the right to use any pictures used in grant submittal and/or reporting for promotional purposes.

Approval Agreement from Applicant Organization

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

Board Chairperson or Designated Representative Signature: _____

Date: _____

The decision-making body of the fiscal sponsor has passed a resolution adopting the sponsored organization's project as a program or project consistent with the sponsor's purpose and mission. The sponsored organization's financial activities will be accounted for as a program of the sponsors for IRS auditing and financial purposes (only applicable if using a fiscal sponsor).

Board Chairperson or Designated Representative

(only applicable if using a fiscal sponsor) Signature: _____

Date: _____