

Community Foundation of Marshall County

Grant Application Guidelines 2018

[The Community Foundation of Marshall County](#) (CFMC) awards grants to nonprofit organizations serving Marshall County, and partners with individuals, families, and organizations to create permanent endowments that will help meet critical needs in our communities. The CFMC is an affiliate of the Community Foundation of Greater Des Moines and is therefore eligible to offer the Endow Iowa Tax Credit.

[What the Community Foundation of Marshall County Supports](#)

The CFMC awards grants to projects and programs that will contribute to the quality of life in Marshall County. Areas of interest are:

- Arts and Culture
- Community Development
 - Recreation
- Education
- Environmental protection
- Health
- Historic Preservation
- Human Services

Our emphasis is on meeting “critical needs”. Please identify the needs in the county and the biggest need your organization has in carrying out its mission. Describe to us why it is a “critical need”.

[Eligibility to Apply](#)

Legal Applicants must be tax-exempt, non-profit entities classified by the IRS as 501(c)(3) organizations, public schools, or government entities.

Organizations that do not have the 501(c)(3) legal status may partner with an eligible Legal Applicant as the Fiscal Sponsor. Legal Applicant/Fiscal Sponsors must sign the application and are legally and financially responsible for the funds that are granted from CFMC.

Tax-exempt organizations classified under IRS sections other than 501(c)(3) should contact CFMC to discuss eligibility.

[Procedures](#)

- Contact the CFMC office for an application at 641-758-3028 or by email at cfmarshallco@gmail.com
- Complete the application on the document provided.
- **Electronic submission is preferred.** You may also mail to the CFMC office at 11 N 1st Avenue, Marshalltown, Iowa 50158
- **You will receive a confirmation of receipt of application.** If you do not receive a confirmation please follow up with the office

Requirements

- If the applicant has received past funding from CFMC, all grant reporting must be up to date.
- Applications must be **signed by the Chief Operating Officer of the Legal Applicant/ Fiscal Sponsor**. A scanned copy of the signature page with signature is acceptable.
- **Proof of 501(c)(3) status must be provided**
- Applications must be received in the CFMC office no later than **January 15, 2018**
- If funds are awarded, Legal Applicants/Fiscal Sponsors must agree to spend the funds as described in the application.
- A **written report** must be submitted by December 31, 2017. If the project cannot be completed by December 31, 2017 a grant recipient can request an extension on the report by email or letter stating the reasons the project is not complete and when completion is anticipated. In that case, a written report is required upon completion of the project.

Evaluation

Projects will be reviewed thoroughly and evaluated for:

- Community need and how this grant will address the greatest need in your organization
- Clarity of the project/program description and the overall merit of the project/program
- Organization description and why your organization is best suited for this project/program
- Impact on the community - who will benefit and how will they benefit; what will change or improve as a result of the project/program
- How will you evaluate the success of the project/program
- Collaboration with other organizations, businesses, or individuals
- Budget - financial feasibility
- Sustainability

Grant timeline

- **Application deadline is January 15, 2018**
- **Grants will be approved in February**
- Awards will be presented at a ceremony in March, 2018

There is no one set of criteria that if met, will guarantee funding. Any non-profit 501(c)(3) organization is encouraged to apply. [Questions](#)
Contact Dylan Does, Director at 641-758-3028 or at cfmarshallco@gmail.com

Grant Application Cover Page 2018

Applicant Requesting Funding/Fiscal Sponsor (If sponsoring an organization that is not a 501(c)(3)):

Organization conducting project (if different from Applicant/Fiscal Sponsor):

Project Title:

Federal tax identification number of Applicant/Fiscal Sponsor (EIN):

Applicant/Fiscal Sponsor Address:

Applicant/Fiscal Sponsor Contact Person & Title:

Applicant/Fiscal Sponsor Contact Person Phone & Email:

Organization/Project Address (if different):

Organization/Project Contact Person & Title (if different):

Organization/Project Contact Person Phone & Email (if different)

Total Cost of Project:

Amount Requested:

Type of Request (check one): Capital Based or Program Based

Program Based: Operational, activity, general programmatic support

Capital Based: The building of or physical improvement of something

Arts/Culture/Humanities Human Services Education Environmental Protection

Brief Description of Project: (1-2 sentences)

Community Development Health

Historic Preservation

Project Start Date: [Click here to enter a date.](#)
date.

Project End Date: [Click here to enter a](#)

Community Foundation of Marshall County

Grant Application 2018

1. **Project Need** (what community need does the project address; why do you think there is a need for this project - data, anecdotal, surveys, etc. ;) [Click here to enter text.](#)
2. **Project Description** (what activities will be done; *specifically* how will you use CFMC grant funds; what is the key result you plan to achieve) [Click here to enter text.](#)

3. **Description of Organization conducting project** (why do you think your organization is the one best suited to do this project ;) [Click here to enter text.](#)
4. **Impact of Project** (what will change or improve as a result of this project; who will benefit; how will they benefit; what will be the impact on those served) [Click here to enter text.](#)
5. **Project Evaluation/Assessment** (when & how will you know you have been successful in meeting the key result/stated need; how will you measure results/impact) [Click here to enter text.](#)

6. **Collaboration** (who else is working with you - other organizations, individuals, businesses; how will they be involved) [Click here to enter text.](#)

7. **Sustainability** (if applicable, how will you keep the project going after this year. Provide a brief narrative demonstrating sustainability.) [Click here to enter text.](#)

8. **Past Grant Awards:** (Provide a summary of funding received previously from CFMC. This question will not be scored.) [Click here to enter text.](#)

9. **Budget** (Please use the Project Budget Worksheet included.

Instructions:

- **Complete the worksheet provided.**
 - **What is the total cost of the project**
 - **How much are you asking from CFMC**
 - **What specifically will you use the CFMC grant for**
 - **How much money do you currently have to apply to the project**
 - **What other grants are you seeking and the status of those grants**
 - **What, if any fundraising have you done/or plan to do for the project**
- ***Provide a narrative for those items marked with an asterisk***

Definitions

Fiscal Sponsor: 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 in order to serve in the capacity of Fiscal Sponsor.

Expense

1. Salaries* - amount of grant that will be applied to staff salaries. Identify any position(s) paid directly from this grant; give title, % of time spent on the grant and % of salary to be paid
2. Benefits - amount of grant to be applied to benefits. Identify % of benefits to be paid from the grant
3. Professional Services* - any contractual or consultant agreements to be paid from grant; provide brief explanation of the role in the project
4. Travel - mileage paid for grant activities
5. Equipment Purchase* - Identify any non-expendable item to be purchased from grant
6. Capital expense* - *if a building project please attach quotes, bids, or documentation of estimated costs*
7. Operating Expense - materials/supplies needed for grant activities
8. Training - staff or board training
9. Other expense* - please itemize any expenses not covered by above categories

Income

1. Legal/Fiscal Sponsor cash - amount the Legal/Fiscal Sponsor is contributing to this project if any.
2. Organization cash - amount the Organization doing the project is contributing. How much of the total cost of the project is coming from your own funds.
3. All other grants requested and/or received for this project*- **specify the source of grant, the amount requested, and the status of the request** (Provide specifics in narrative)
4. Other *- will you charge a fee from participants for this project, or what have you raised in fundraising efforts so far
5. Total cost of the project
6. CFMC request - amount you are requesting from the Community Foundation of Marshall County

Project Budget
2018
Expenses

Type of Expense	Amount
Salaries*	\$
Benefits	\$
Professional Services*	\$
Travel	\$
Equipment Purchase*	\$
Operating Expense	\$
Capital Expense*	\$
Training Costs	\$
Other Expense*	\$

Total cost of project:

Expenses to be paid by CFMC grant

	\$
	\$
	\$
	\$
	\$

Total requested from CFMC:

Source	Income	Amount
Legal/Fiscal Sponsor Cash	\$	
Organization doing project Cash	\$	
All other grants requested/received*	\$	
Other income*	\$	

Community Foundation Request	\$
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Total:

***Indicates items that require a narrative explanation.**

Budget Narrative (Provide a brief explanation of those items marked with an *) [Click here to enter text.](#)

Signatures:

This Grant Request has been reviewed and approved for submission by the Board of Directors and Chief Operating Officer of the Legal/Fiscal Sponsor if applicable. The Legal/Fiscal Sponsor accepts responsibility for any and all funds received.

Legal/Fiscal Sponsor: Chief Officer or Authorized Signatory: (If the organization conducting the project is not a 501(c)(3)):

Name: _____

Print name & Title: [Click here to enter text.](#)

Date signed: [Click here to enter text.](#)

Organization Conducting Project Authorized Signatory:

Name: _____

Print name & Title: [Click here to enter text.](#)

Date Signed: [Click here to enter text.](#)

Attachments: *Please attach proof of IRS Non Profit 501(c)(3) status; a list of Board Members of both the Legal/Fiscal Sponsor organization and the Organization conducting the project. You may also attach other pertinent information.*