Disaster Relief Grant Application

DEADLINE July 1

Mail this application to:
The Greater Jefferson County Foundation
P.O. Box 1325, Fairfield, IA 52556
or email to: gjcf0758@windstream.net
Ph/FAX: 641-472-0758

The Greater Jefferson County Foundation
sprouting growth

1. ***APPLICANT*** ***requesting funding:***
   Applicant Address:

   Contact Person: ***Phone:*** ***Email:***

2. ***Federal Tax ID # of Applicant:*** _____

3. ***Type of Request:*** *(check one)*
   ☐ **Capital Project** ☐ **Operational Project** ☐ **Program Based Project**

4. ***FISCAL SPONSOR*** *(if applicant is not a 501(c)3 from above):*
   Fiscal Sponsor Address:

   Contact person: ***Phone:*** ***Email:***

   Federal Tax ID #:

5. ***Project Title:***

6. ***How will this project provide relief in response to COVID-19?***

7. ***Cost of Project:***
   a. **Amount of grant request:** $
   b. **Amount provided by others:** $
   c. **Amount provided by applicant:** $
   d. **Total Cost of Project:** $

Anticipated completion date of Project:

The undersigned certifies that: 1) they are authorized to represent the Organization applying for a grant, 2) the information contained in the application is accurate, 3) the grant will be used only for the purpose outlined above, 4) the Foundation has received nothing of material value in exchange for the grant, 5) a picture of the finished project may be displayed on the Foundation's website, and 6) the Applicant will publically acknowledge the Foundation's grant.

Name & Title DATE:

Signature of Project Representative

FISCAL SPONSOR AGREEMENT

Attachment 1

Fiscal Sponsorship Agreement

Date: _____

Fiscal Sponsor (Legal Applicant):

Fiscal Sponsor Contact Person and Email:

Fiscal Sponsor Full Mailing Address:

Sponsored Organization Conducting Project:

Project Name:

_____ (Legal Applicant/Fiscal Sponsor, hereafter referred to as **The Sponsor**) has agreed to serve as a fiscal/program sponsor for the _____ (Organization conducting project, hereafter referred to as the **Sponsored Org**.) as outlined in the attached application and supporting materials. The Board of Directors 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/s) as responsible for fulfilling of these accounting and reporting functions subject to the ultimate authority of the Board of Directors 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 (contact info below). Failure to insure timely reporting on behalf of the **Sponsored Org./Sponsor** will also 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:

Legal Applicant/ Fiscal Sponsor Representative Signature:

Printed Name: **Date:**

Sponsored Organization Representative Signature:

Printed Name: **Date:**