



P.O. Box 1325, Fairfield, IA 52556  
 Ph/fax: 641-472-0758  
 Email: gjcf0758@windstream.net  
 www.greaterjeffersoncountyfoundation.org

Committee use only	# _____
	Rank: _____
<b>GDMF</b>	_____ GJCF _____
\$ _____	Item _____
Check# _____	
1 <sup>st</sup> POP Notice _____	2 <sup>nd</sup> : _____

## Official Annual Grant Application

Please remember that copies of each application will be made for review by each committee member. This entails a lot of paper/printing costs. While complete and entire explanations are welcome, try to keep estimates and explanations to one page/scope on the application. Do NOT retype sections of application separately and then attach to application with words 'see attached'.

**All applications must be submitted on this form.**  
**(NO 'see attachments' other than estimates, quotes and Letters of Determination)**

Date \_\_\_\_\_  
 (ex: 6/6/2010)

Amount Requested \$ \_\_\_\_\_

**The EIN (Employer Identification) Number (also known as Tax ID #) of your organization is:**

\_\_\_\_\_

**Application deadline: 4:00 PM June 1st**

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Is this request for a capital expense item \_\_\_\_\_ or for 'other' purposes \_\_\_\_\_?**

I. Describe how these grant funds are to be used.

II. If a capital expense item, describe where item(s) will be placed in service and how it will be used.

III. Explain how this item or funds will be used to enhance your organization's operation.

IV. List projected expenses for this request. How are cost estimates determined?

Attach any available quotes for this purchase.

**((( LIMIT ATTACHED ESTIMATES TO ONE PAGE )))**

V. **Briefly** tell about your organization. (Include whom your organization serves, any benefits to residents of Jefferson County and the number of residents who will be affected by the awarding of this grant. Use this form...no attachments)

VI. **ALL** grant applications must contain a copy of the organization's **most recent** balance sheet, statement of revenues and expenditures. Applications will **NOT** be considered without this documentation.

VII. Are you incorporated? yes \_\_\_\_\_ no \_\_\_\_\_ Are you tax exempt? yes \_\_\_\_\_ no \_\_\_\_\_

**You must provide verification of your non-profit status. Provide us with a letter of determination from the IRS on your 501(c)3 status if you have applied for and received one. Attach a copy of the letter to this application. (This is NOT your tax-ID number) If you are a city/county entity, a verification letter is required to be attached to this document.**

**Applications will not be considered unless there is an IRS Determination Letter attached to the application, whether 501©3, Organization sponsored by the City or County Gov't, etc...**

VII. Can your organization complete your project if GJCF partially funds your grant request? \_\_\_\_\_yes \_\_\_\_\_no

Budget Summary:

Grant Request Amount : \_\_\_\_\_ % \_\_\_\_\_

Other Funds: \_\_\_\_\_ % \_\_\_\_\_ Are other funds committed? \_\_\_ Yes \_\_\_ No

Other Funds \_\_\_\_\_ % \_\_\_\_\_ Are other funds committed? \_\_\_ Yes \_\_\_ No

Applicant Funds: \_\_\_\_\_ % \_\_\_\_\_ Are Applicant funds committed? \_\_\_ Yes \_\_\_ No

Total Project Cost: \_\_\_\_\_ 100%

Has the Applicant applied for funds for this project from any other sources? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, how much? \_\_\_\_\_ Was the request approved? \_\_\_\_\_

If rejected, why?

If the request is funded, who will operate and maintain the improvements?

Has the project started? \_\_\_\_\_ Yes \_\_\_\_\_ No When will the project start? \_\_\_\_\_

Example 12/12/2008

**List the amount of Grant Funds received from the Greater Jefferson County Foundation by your Organization / Entity during each of the past five (5) years:**

Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_  
Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_

(The organization is expected to keep records of their grant applications/disbursements, as stated in the signed Grant Agreement. Do not call/email the office asking for past disbursement amounts)

Signed \_\_\_\_\_ Title \_\_\_\_\_

***Completed & signed applications should be faxed, mailed or emailed to the Foundation office  
Attn: Barbara Kistler and be postmarked  
no later than June 1st.***

***The organization's IRS Determination Letter MUST accompany this application as stated above.***

***No exceptions.***

***Deadline: June 1st 4:00 PM***

(DO NOT RETURN THESE TWO PAGES TO THE OFFICE)

## **Read all instructions before filling out application**

### Grant Application Information

1. Mission Statement: The Greater Jefferson County Foundation receives, accepts, and distributes funds for educational, cultural and charitable purposes for the benefit of the greater community of Jefferson County, Iowa. Our goals are to assist qualified organizations through grant distributions, provide scholarships for post-secondary education and training, encourage individual and corporate involvement through gifts and bequests, and to administer and invest funds for the creation of perpetual opportunities and services.
2. Official grant applications to non-profit organizations are available this year beginning May 1<sup>st</sup>, from the foundation office or may be filled out on-line through the Foundation's web site, or may be requested by phone, email or mail (**Only official applications forms will be accepted**) The completed application forms must be returned to the Foundation office by mail (postmarked), email or FAX to the office address/number **no later than 4:00 PM** on June 1<sup>st</sup>.
3. Grant applications will be reviewed on the following criteria:
  - a. Benefit to residents of Jefferson County, IA
  - b. Number of residents who will be affected
  - c. According to Foundation Board policy, grants are to be used only for capital expenditures, however, some operational projects may be considered if proper documentation is included.
  - d. Past grant history to/of your organization, including return of proofs of purchases
4. The total amount of the annual grant disbursements customarily does not exceed 5% of the fund balance during the fiscal year ending March 31<sup>st</sup>.
5. The applications are reviewed by the Grant Committee during July and recommendations are made to the Board of Directors. Action will be taken at a full Board of Director's meeting to distribute the available funds in August. All grant applicants will be notified as to their approval or denial. Checks for the amount granted will be included with the notification of approval. **Proof of your purchase (POP) for the capital item or operational expenses is required within six (6) months of grant distribution (March) (copies of paid invoices will suffice).**
6. Any additional questions should be directed to the attention of Barbara Kistler, administrative assistant at the Foundation office by phone, fax or mail.
7. **Grant recipients will be required to sign a Grant Agreement Contract before disbursement of funds.**
8. ***All applicants should call or email the Foundation office to confirm receipt of their grant application***

Thank you for your interest in The Greater Jefferson County Foundation.

***All applications should be faxed, mailed, or emailed to:***

***The Greater Jefferson County Foundation***

***P.O. Box 1325 Fairfield, IA 52556***

***PHONE/FAX: 641.472.0758 Email: gjcf0758@windstream.net***

# GREATER JEFFERSON COUNTY FOUNDATION

## **POLICY: NON-DISCRIMINATION**

The policies and practices of The Greater Jefferson County Foundation are to carry out all lawful and permitted functions without discrimination because of race, creed, color, religion, age, sex, national origin, or physical or mental disability, and to treat them equally with respect to opportunities for participation as Foundation officers, directors, employees, or agents and as citizens benefiting from or consideration for benefit of the services, grants, programs and activities consistent with the lawful purposes and functions of the Foundation.

## **POLICY: GENDER NEUTRALITY**

It is the policy of the Greater Jefferson County Foundation that all citizens participating in Foundation services, grants, programs, and activities, as well as officers, directors, employees, and agents have the right to function in an environment free from all forms of harassment or gender based bias or prejudice. The Foundation does not condone, and will not tolerate, any harassment or gender based bias or prejudice. The Greater Jefferson County Foundation shall take direct and immediate action to prevent such behavior, and to remedy all reported instances of harassment or gender based bias or prejudice, sexual or otherwise.

## **POLICY: AMERICANS WITH DISABILITIES ACT (ADA)**

No qualified individual with a disability will be excluded from participation in The Greater Jefferson County Foundation services, grants, programs, or activities on the basis of a disability. Information concerning this policy may be obtained in accessible formats by qualified persons with a disability by making appropriate arrangements. To receive more information or to request an accommodation to participate in the services, programs or activities, please contact:

John A. Morrissey, General Counsel  
The Greater Jefferson County Foundation  
109 North Court Street  
P.O. Box 603  
Fairfield, IA 52556  
**641-472-3144**

***Applications are not accepted at this address***