VINTON COMMUNITY FOUNDATION P.O. BOX 112 VINTON, IA 52349

GRANT APPLICATION GUIDELINES

Please complete this form and return to: VINTON COMMUNITY FOUNDATION P.O. BOX 112 VINTON, IA 52349

DATE OF APPLICATION:	
NAME OF ORGANIZATION:	
CONTACT PERSON, TITLE, ADDRESS, AND PHONE NUMBER	ER:
WILL YOUR FUNDING REQUEST BE DISBURSED BY TH WILL YOUR FUNDING REQUEST BE DISBURS COMMUNITY SCHOOLS? IF 'YES' TO EITHER QUESTION, NO CHARITABLE DOCUM	SED BY VINTON SHELLSBURG Y/N
IF "NO" TO THE ABOVE TWO QUESTIONS, THEN ATTA LETTER (NOTIFICATION OF 501(c)(3) TAX-EXEMPT STORGANIZATION STATUS OF YOUR ORGANIZATION	
AMOUNT REQUESTED BY ORGANIZATION:	
PREFERRED TIMINGS FOR GRANT PAYMENT:	
REASON OF REQUEST (BE SPECIFIC – LIST ALL ITE	MS AND ESTIMATED COST):
NUMBER OF VINTON RESIDENTS SERVED:(VSC)	DS – number of students served)
AGE GROUP OF VINTON RESIDENTS SERVED:	
ATTACH COPY OF ORGANIZATION'S MOST RECENT	T FINANCIAL STATEMENT
ATTACH COPY OF PROJECT BUDGET	

GRANT FUNDS AWARDED MUST BE REQUESTED AND MUST BE USED IN THE CALENDAR YEAR APPROVED FOR THE PURPOSE SUBMITTED IN THE ORGANIZATION APPLICATION. IF COMPLETION IS NOT POSSIBLE, CONTACT JESSICA HELMS AT 319-472-2373 TO SEEK AN EXTENSION TO PROJECT COMPLETION, SUBJECT TO BOARD APPROVAL. IF THERE IS NO REQUEST FOR THE APPROVED GRANT FUNDING OR NO WRITTEN REQUEST FOR A TIME EXTENSION TO COMPLETE THE PROJECT, POSTMARKED BEFORE DECEMBER 31, 2024, THE APPROVED GRANT MAY BE RESCINDED.

OTHER FUNDING SOUR besides this application):	CES AND AMOUNTS	(Please list other funding	sources and amounts requested
Source	Amount	Source	Amount
PURPOSE OF ORGANIZA			
DESCRIPTION OF TH AND BENEFITS TO B	E ORGANIZATION E DERIVED BY THE	AND ITS ACTIVITIE COMMUNITY:	ES – COMMUNITY NEEDS
SPECIFIC, SHORT-TE	RM, MEASURABLE (OBJECTIVES:	
SPECIFIC ACTIVITIES	S PLANNED:		
TIME TABLE OF THE	PROJECT:		
OTHER INFORMATIO	N TO CONSIDER:		
THE BOARD WITH A V	WRITTEN REPORT O	F HOW THE FUNDS 1	THE APPLICANT PROVIDES RECEIVED BY DECEMBER GRANT, WERE UTILIZED

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_				
Contact Signature:	·	Date Signed:		
- -		_		
PLEASE DIRECT ANY OLIESTIONS TO FSR.	&T_VINTON 310_472_2373			

PLEASE DIRECT ANY QUESTIONS TO FSB&T-VINTON 319-472-2373

DARLYS HULME, PRESIDENT

JESSICA HELMS, ASSISTANT TRUST OFFICER

APPLICATION DEADLINE 5:00 P.M. - APRIL 30, 2024 PLEASE MAKE 6 COPIES OF GRANT REQUEST

VINTON COMMUNITY FOUNDATION

Non-Profit Organization <u>Final Report</u> For Grant Funds Distributed July/August, 2023 Due by 12/31/2023

Please complete this form and return to: VINTON COMMUNITY FOUNDATION

P.O. BOX 112 VINTON, IA 52349

DATE OF REPORT:				
NAME OF ORGANIZAT	ION:			
CONTACT NAME, ADD	RESS, AND PHONE	NUMBER:		_
AMOUNT RECEIVED F	ROM VCF FUND:			_
NUMBER OF VINTON F (VSCDS – number	RESIDENTS SERVE er of students served)			
AGE GROUP OF VINTO	N RESIDENTS SER	RVED:		
	LL ITEMS AND AC		OF HOW THE FUNDING WAS SPENOT BE USED FOR PURPOSES OTHE	
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FUNDING SOURCES AN application):	ND AMOUNTS (Plea	se list other funding s	ources received and amounts besides th	iis
Source	Amount	Source	Amount	
				
Contact Signature:			Date Signed:	

If more room required attach extra sheets.