

TRAER COMMUNITY FOUNDATION

GRANT APPLICATION GUIDELINES

DATE OF APPLICATION _____

NAME OF ORGANIZATION _____

ADDRESS _____

DESCRIPTION OF GRANT PROJECT _____

ATTACH COPY OF PROJECT BUDGET

AMOUNT REQUESTING\$ _____ PREFERRED PAYMENT DATE _____

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REQUEST FOR A TIME EXTENSION TO COMPLETE THE PROJECT, POSTMARKED BEFORE DECEMBER 31, 2019, THE APPROVED GRANT IS RESCINDED

TIMEFRAME FOR PROJECT _____

CONTACT PERSON, TITLE AND PHONE NUMBER _____

IS THE APPLICANT A GOVERNMENTAL BODY (City, School, Etc) Yes or No

IF NO, IS THE APPLICANT AN IRS DESIGNATED 501(C)(3) NON-PROFIT ORGANIZATION?
Yes or No

IF YES, THE APPLICANT MUST ATTACH THE ORGANIZATION'S IRS 501(C)(3) DETERMINATION LETTER

STATEMENT OF PURPOSE _____

DESCRIPTION OF THE ORGANIZATION AND ITS ACTIVITIES _____

COMMUNITY NEED AND BENEFITS TO BE DERIVED BY THE COMMUNITY _____

LONG TERM GOALS OF PROJECT _____

SPECIFIC, SHORT-TERM, MEASURABLE OBJECTIVES _____

SPECIFIC ACTIVITIES PLANNED _____

NUMBER OF PEOPLE TO BE SERVED AND FROM WHAT AGE GROUP _____

IS THIS AMOUNT BEING REQUESTED FROM ANY OTHER FUNDING SOURCES _____

PLANS FOR ONGOING FUNDING _____

OTHER INFORMATION TO CONSIDER _____

FUTURE APPLICATIONS WILL NOT BE CONSIDERED UNLESS THE APPLICANT PROVIDES THE BOARD WITH A WRITTEN REPORT OF HOW THE FUNDS RECEIVED, FOR THE MOST RECENT GRANT, WERE UTILIZED. PLEASE SUMMARIZE BELOW AND INCLUDE A PICTURE OF THE MOST RECENT GRANT USE, IF AVAILABLE.

GRANT FUNDS AWARDED MUST BE REQUESTED AND MUST BE USED IN THE CALENDAR YEAR APPROVED AND ONLY FOR THE PURPOSE SUBMITTED IN THE ORGANIZATION APPLICATION. IF COMPLETION IS NOT POSSIBLE, CONTACT DARLYS HULME OR SHERRI DENBOW AT 319-478-2148 TO SEEK AN EXTENSION TO PROJECT COMPLETION, SUBJECT TO BOARD APPROVAL.

ATTACH COPY OF ORGANIZATION'S MOST RECENT FINANCIAL STATEMENT

PLEASE DIRECT ANY QUESTIONS TO: FARMERS SAVINGS BANK & TRUST 319-478-2148
DARLYS HULME, PRESIDENT
RICHARD A. KRUG, VP/TO
SHERRI DENBOW, VP

APPLICATION AND ATTACHMENTS MUST NOT EXCEED 10 TOTAL PAGES.
APPLICATION DEADLINE – FRIDAY, April 26, 2019 5:00 P.M.

Please mail 7 copies to: Traer Community Foundation
C/O Farmers Savings Bank & Trust
PO Box 435
Traer, IA 50675