

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: _____

ATTACH ONE COPY OF DETERMINATION LETTER (VERIFICATION AND 501 (C) (3) TAX-EXEMPT STATUS) AND ONE COPY OF ARTICLES OF INCORPORATION

AMOUNT REQUESTED BY ORGANIZATION: _____

PREFERRED TIMINGS FOR GRANT PAYMENT: _____

REASON OF REQUEST (BE SPECIFIC – LIST ALL ITEMS AND ESTIMATED COST):

NUMBER OF VINTON RESIDENTS SERVED: _____
(VSCDS – number of students served)

AGE GROUP OF VINTON RESIDENTS SERVED: _____

ATTACH COPY OF ORGANIZATION’S MOST RECENT FINANCIAL STATEMENT

ATTACH COPY OF PROJECT BUDGET

OTHER FUNDING SOURCES AND AMOUNTS (Please list other funding sources and amounts requested besides this application):

Source	Amount	Source	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PURPOSE OF ORGANIZATION: _____

DESCRIPTION OF THE ORGANIZATION AND ITS ACTIVITIES – COMMUNITY NEEDS AND BENEFITS TO BE DERIVED BY THE COMMUNITY: _____

LONG TERM GOALS OF PROJECT: _____

SPECIFIC, SHORT-TERM, MEASURABLE OBJECTIVES: _____

SPECIFIC ACTIVITIES PLANNED: _____

TIME TABLE OF THE PROJECT: _____

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: _____

Contact Signature: _____ **Date Signed:** _____

PLEASE DIRECT ANY QUESTIONS TO **FSB&T-VINTON 319-472-2373**
DARLYS HULME, PRESIDENT
THERESE FOTH, VICE PRESIDENT

APPLICATION DEADLINE 4:00 P.M. - APRIL 27, 2018
PLEASE MAKE 8 COPIES OF GRANT REQUEST

