

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: _____

WILL YOUR FUNDING REQUEST BE DISBURSED BY THE **CITY OF VINTON?** Y / N

WILL YOUR FUNDING REQUEST BE DISBURSED BY **VINTON SHELLSBURG
COMMUNITY SCHOOLS?** Y / N

IF 'YES' TO EITHER QUESTION, NO CHARITABLE DOCUMENTATION IS REQUIRED

IF "NO" TO THE ABOVE TWO QUESTIONS, THEN ATTACH A COPY OF IRS DETERMINATION LETTER (NOTIFICATION OF 501(c)(3) TAX-EXEMPT STATUS) TO DOCUMENT CHARITABLE ORGANIZATION STATUS OF YOUR ORGANIZATION

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

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REQUEST FOR A TIME EXTENSION TO COMPLETE THE PROJECT, POSTMARKED BEFORE DECEMBER 31, 2022, THE APPROVED GRANT MAY BE RESCINDED.

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 **BY DECEMBER 31ST OF THE DISTRIBUTION YEAR**, 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
JESSICA HELMS, TRUST ASSISTANT

APPLICATION DEADLINE 5:00 P.M. - APRIL 28, 2023

PLEASE MAKE 6 COPIES OF GRANT REQUEST

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

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

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

If more room required attach extra sheets.