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):

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PURPOSE OF ORGANIZATION: ___________________________________________________________
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DESCRIPTION OF THE ORGANIZATION AND ITS ACTIVITIES – COMMUNITY NEEDS AND BENEFITS TO BE DERIVED BY THE COMMUNITY: __________________________________________________________
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LONG TERM GOALS OF PROJECT: _______________________________________________________
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SPECIFIC, SHORT-TERM, MEASURABLE OBJECTIVES: _______________________________________
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SPECIFIC ACTIVITIES PLANNED: _______________________________________________________
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TIME TABLE OF THE PROJECT: _______________________________________________________
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OTHER INFORMATION TO CONSIDER: ___________________________________________________
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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: __________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
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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 29, 2022

PLEASE MAKE 6 COPIES OF GRANT REQUEST
VINTON COMMUNITY FOUNDATION
Non-Profit Organization Final Report
For Grant Funds Distributed July/August, 2022
Due by 12/31/2022

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

DATE OF REPORT: _____________________________________________________________

NAME OF ORGANIZATION: _____________________________________________________________

CONTACT NAME, ADDRESS, AND PHONE NUMBER: _____________________________________________________________

AMOUNT RECEIVED FROM VCF FUND: _____________________________________________________________

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

AGE GROUP OF VINTON RESIDENTS SERVED: _____________________________________________________________

REPORTS REQUIRED – PLEASE PROVIDE A BREAKDOWN OF HOW THE FUNDING WAS SPENT
(BE SPECIFIC – LIST ALL ITEMS AND ACTUAL COST) CANNOT BE USED FOR PURPOSES OTHER
THAN WHAT WAS REQUESTED: _____________________________________________________________

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

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If more room required attach extra sheets.