

# 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 BY DECEMBER 31<sup>ST</sup> 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: \_\_\_\_\_

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**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.