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):

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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: __________________________________________________________________________________________

________________________________________________________________________________________

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: __________________________________________________________________________________________

________________________________________________________________________________________

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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 30, 2021

PLEASE MAKE 8 COPIES OF GRANT REQUEST
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  
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If more room required attach extra sheets.