

# 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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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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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):**

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 30, 2021**  
**PLEASE MAKE 8 COPIES OF GRANT REQUEST**

**VINTON COMMUNITY FOUNDATION**  
**Non-Profit Organization Final Report**  
**For Grant Funds Distributed July/August, 2021**  
**Due by 12/31/2021**

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.