

## Wright County Charitable Foundation

*“Enriching Lives in Wright County”*

115 North Main Street Clarion, IA 50525

515.532.6422



### **Grant Application Overview**

**DO NOT INCLUDE THIS SHEET IN YOUR APPLICATION**

**Mission Statement:** The mission of the Wright County Charitable Foundation is to foster and promote private giving, to strengthen volunteer and nonprofit service providers, and to improve the condition and quality of life for the citizens of Wright County on a sustainable basis. Toward this objective, the Foundation will promote endowment building; facilitate community betterment projects and programs; analyze and prioritize community needs; initiate focused and meaningful grant making; encourage collaboration, cooperation, communication and partnership among nonprofit groups; and, support active public, private and volunteer leadership for the benefit of the greater community in Wright County, Iowa.

**What we support:** The Wright County Charitable Foundation is a tax-exempt vehicle for the receipt of charitable donations, gifts, and bequests as well as for grant making to worthy projects for the benefit of people in Wright County. Through the establishment of endowment or permanent funds, which are invested for long—term growth, philanthropic minded individuals can contribute funds to build an ongoing source of financial assets to meet emerging and existing needs of the County. Through the establishment of pass—through or short—term funds, which must be spent within one year, the Foundation and its donors can facilitate current fundraising campaigns and other immediate needs of the County.

#### **Checklist/Instructions:**

- Organizational information has been completed
- Contact information has been completed
- Project Summary has been completed
- Project budget detail has been completed.
- Fiscal Sponsorship Agreement has been completed
- Copy of 501 (c)(3) IRS Determination letter attached to grant application
- Provide quotes for all materials & labor, when possible
- 1 Original and 10 copies of entire application. Each THREE HOLE PUNCHED. NO STAPLES.
- All grant applications postmarked with US Post Office postmark on or before deadline. Please call to notify us that you are mailing if it will be possibly late. Phone #515-532-6422.

**Application Granting Cycle: SEPTEMBER 15, 2021 TO OCTOBER 15, 2021 AT 4:00 p.m. PLEASE PROVIDE AN ORIGINAL + TEN (10) COPIES FOR A TOTAL OF ELEVEN (11). NO STAPLES; PLEASE THREE HOLE PUNCH EACH COPY.**

**DELIVER TO: WRIGHT COUNTY ECONOMIC DEVELOPMENT, 115 NORTH MAIN STREET, COURTHOUSE, P.O. BOX 214, CLARION, IA 50525. NO LATE APPLICATIONS ACCEPTED. PHONE NUMBER 515-532-6422.**

**If you have any questions about whether your organization requires a Fiscal Sponsor, please contact Darrel Steven Carlyle, Wright County Economic Development, at 515-532-6422.**

## **Definitions/Explanations**

**DO NOT INCLUDE THIS SHEET IN YOUR APPLICATION**

**Fiscal Sponsor:** is an organization that is receiving the money on behalf of the grant applicant and is responsible for disbursing the money for the project and maintaining appropriate documentation. This entity must be a 501(C)(3) or a 170 (c)(1) unit of government in order to serve in this capacity. A fiscal sponsorship agreement must accompany the grant application if a fiscal sponsor is being used.

Organizations must be recognized by the Internal Revenue Service as tax-exempt, nonprofit, public charities under section 501(c)(3) or as a “unit of government” under Section 170(c)(1) to receive grant funding. A 501(c)(3) is a section of the Federal Tax Code, which establishes the criteria for tax-exempt charitable organizations. Section 170(c)(1) refers to agencies that conduct activities to benefit the public at large, like public schools, state universities, public libraries and volunteer fire departments.

**THIS SHOULD BE YOUR FIRST PAGE – NO COVER SHEET**  
**Grant Application Cover Page**

Applicant Requesting Funding/Fiscal Sponsor (If the organization is not a 501(c)(3)):

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Organization conducting project (if different from Applicant/Fiscal Sponsor):

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Project Title:

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Federal tax identification number of Applicant/Fiscal Sponsor (EIN):

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Applicant/Fiscal Sponsor Address:

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Applicant/Fiscal Sponsor Contact Person & Title:

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Applicant/Fiscal Sponsor Contact Person Phone & Email:

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Organization/Project Address (**ADDRESS OF WHERE ALL CORRESPONDENCE WILL BE SENT**):

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Organization/Project Contact Person & Title (**PERSON WHO SHOULD RECEIVE ALL CORRESPONDENCE**):

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Organization/Project Contact Person Phone & Email (**PERSON WHO WILL BE CALLED WITH ANY QUESTIONS**):

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Total Cost of Project:

Amount Requested:

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**Type of Request (check one):**

Program Based (*Operational, activity, general programmatic support*)

Capital Based (*The building of or physical improvement of something*)

**Project Focus Area (check one):**

Arts/Culture/Humanities

Human Services

Education

Environment/Animals

Public/Society Benefit

Health

Recreation

**Brief Description of Organization:**

**Brief Description of Project:**



## Project Budget

### Income

Source	Amount
Sponsor Cash	\$
Federal Gov. Grants	\$
State Gov. Grants	\$
Private Donation Dollars \$	\$
In-Kind Donations*	\$
Private In-Kind*	\$
County Foundation WCCF – operational funds	\$
Other Income	\$

**Total: \$**

### Expenses

Source	Amount
Land Purchase	\$
Professional Services	\$
Construction Costs	\$
Equipment Purchase	\$
Construction Supplies	\$
Training Costs	\$
Personnel Costs	\$
Other Expense	\$

**Total: \$**

**\*In-kind gift:** when a foundation or other entity contributes a good or service in lieu of providing monetary grants.

**Organization OR Fiscal Agent Budget**

**Income**

<b>Source</b>	<b>Amount</b>
<i>Support</i>	
Government Grants	\$
Foundations	\$
Corporations	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
<i>Income</i>	
Government contracts	\$
Earned income	\$
Other (specify):	\$
1.	\$
2.	\$
3.	\$
<b>Total Income</b>	<b>\$</b>

**Expenses**

<b>Item</b>	<b>Amount</b>
Salaries & Wages	\$
Insurance, benefits, & other related taxes	\$
Consultants & professional fees	\$
Travel	\$
Equipment	\$
Rent and utilities	\$
General operating	\$
Other (specify)	\$
1.	\$
2.	\$
3.	\$
<b>Total Expense</b>	<b>\$</b>

**Fiscal Sponsorship Agreement**  
**This Agreement Must be Completed With All Applications**

Date: \_\_\_\_\_

**Fiscal Sponsor (Legal Applicant):**

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**Fiscal Sponsor Contact Person and Email:**

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**Fiscal Sponsor Full Mailing Address:**

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**Sponsored Organization Conducting Project:**

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**Project Name:**

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\_\_\_\_\_ (Legal Applicant/Fiscal Sponsor, hereafter referred to as **The Sponsor**) has agreed to serve as a fiscal/program sponsor for the \_\_\_\_\_ (Organization conducting project, hereafter referred to as the **Sponsored Org.**) as outlined in the attached application and supporting materials. The Board of Directors of **The Sponsor** has passed a resolution adopting the **Sponsored Org.**'s project as a program or project consistent with the **Sponsor**'s purpose and mission. The **Sponsored Org.**'s financial activities will be accounted for as a program of **The Sponsor** for IRS auditing and financial reporting purposes.

Since the **Sponsored Org.** is not recognized by the IRS as a charitable tax-exempt entity, **The Sponsor** must exercise full control over the **Sponsored Org.**'s financial administration, management and disbursement of funds resulting from this grant application. **The Sponsor** has delegated \_\_\_\_\_ (name of person/s) as responsible for fulfilling of these accounting and reporting functions subject to the ultimate authority of the Board of Directors of **The Sponsor**. **The Sponsor** is responsible for ensuring completion of timely reports and submission of necessary financial statements to the Community Foundation's Administrative Office (contact info below). Failure to insure timely reporting on behalf of the **Sponsored Org./Sponsor** will also result in a loss of good standing.

This agreement will be in effect from the date of a grant award to support the above-named project until the grant funds are expended and the final report has been submitted and accepted.

We agree to the terms stated above in this agreement:

**Legal Applicant/ Fiscal Sponsor Representative Signature:**

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**Printed Name:**

**Date:**

**Sponsored Organization Representative Signature:**

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**Printed Name:**

**Date:**

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*\*Attach to this agreement the Fiscal Sponsor's 501(c)(3) Tax-Exempt Determination Letter or comparable proof of charitable exemption. (i.e. a letter from a City, confirming their status as a government entity. Contact our Administrative Office with questions, or for examples of a letter from a City.)\**