

Date



2017 Grant Application Form

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Note: Legal applicants are organizations with the 501(c)(3) designation and/or governmental entities, public schools, some nor sectarian church programs, and most post secondary educational institutions. Other non-profit organizations may be eligible to apply based on their project, or if they have an eligible fiscal sponsor. By signing this application the fiscal sponsor agrees to us any grant monies awarded from this grant for the proposed project or program. Legal Applicant / Fiscal Sponsor					
Organization Con	ducting Project / Program (If differ	rent from Legal Applicant/Fisc	al Sponsor)		
Name	Address	City/State/Zip			
Name of Project ,	Program				
Contact Person _	act Person Grant Amount Requested				
Phone Nu	umber	E-mail			
NARRATIVE: On a	separate sheet, provide the follov	ving information:			
 Describe t PCA/Comr Describe h Describe c Describe c 	rour organization, including backgrour he current situation and/or need (If apmunity Fund funding would help to 'lestow you will address the need other groups or agencies working with other funding secured or applied for now you will measure the impact/resu	pplicant is a government entity, passen the burdens of government') your organization			
ATTACHMENTS:	Please attach the following items t	to your application and narrati	ive:		
sponsor wIRS form VA budget f	your IRS tax exempt status determinatho signs the Grant Application Form) V9 for your project/program our Board of Directors, including titles)(3) you MUST have a fiscal		
Cianatura		Data			

Your completed application must be **submitted online at <u>www.greaterpcf.org</u> OR received in the office by 4:00pm, January 27th, 2017**. Your application is not considered complete until all attachments are received. Please send to Greater Poweshiek Community Foundation, PO Box 344, Grinnell, IA 50112. This application and sample materials are also available online at <u>www.greaterpcf.org</u>.

__ Date _____

Applicant (Organization conducting the Program)

Fiscal Agent or Organization Representative (if applicable)

Signature ____





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SAMPLE BUDGET

Please complete the following budget table and include all sources of income for the proposed project.

Expense Item	Grant Request	Support From Other Sources (including in-kind)	TOTAL
TOTAL			PROJECT TOTAL

GRANT REPORT

If funded you will be required to answer the following questions at project completion:

- 1. Briefly summarize project achievements:
 - a. What were your achievements as they relate to the goals and objectives of the project?
 - b. If you modified your intended outcomes, indicate the changes.
 - c. Have there been any unanticipated outcomes? What are they?
 - d. How has this project impacted "larger" community issues (poverty, youth, health, etc)?
- 2. List the number of adult volunteers/youth volunteers that were a part of the project.
- 3. List the number of adults/youth served as a result of the project.
- 4. List the agencies or groups with whom you collaborated to make this project happen. Explain how they were involved.
- 5. Project budget Include an expense sheet for the project detailing how funds were expended; include an income sheet for the project including donations received from other groups, individuals and organizations, any in-kind gifts and services the project received (these are encouraged and it is hoped that the grant will serve as the impetus for additional support).
- 6. Future plans for the project Do you plan to continue the project? Has the project become self-sustaining? Do you think other groups could replicate this project? In what ways? What plans, if any at this time, do you have to disseminate information on the project?
- 7. Is there a balance left at the time of the report? If so, you may make a request for a continuation of time to expend the grant monies. Please indicate how you plan to expend the balance and give a time line.
- 8. Please include at least one photos press releases demonstrate the project's success.