



BVCCF GRANT NUMBER: _____
(TO BE COMPLETED BY THE FOUNDATION ONLY)

**BUENA VISTA COUNTY COMMUNITY FOUNDATION
GRANT APPLICATION
SPRING 2023 GRANT CYCLE**

APPLICATIONS DUE: THURSDAY, JUNE 15, 2023, AT 4:00 P.M.

APPLICANT INFORMATION:

ORGANIZATION NAME: _____
ORGANIZATION MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
CONTACT NAME: _____ PHONE NUMBER: _____
CONTACT EMAIL: _____ TAX ID NUMBER (EIN): _____
ORGANIZATION TYPE: _____ USING FISCAL SPONSOR: _____

GRANT SUMMARY INFORMATION:

PROJECT TITLE: _____
GRANT SIZE: _____ GRANT FOCUS AREA: _____
GRANT REQUEST: _____ COMMITTED MATCH: _____

PHASE 1 SCORING: (THIS SECTION TO BE COMPLETED BY THE FOUNDATION AFTER SUBMISSION.)

PHASE 1 SCORE	MAXIMUM POINTS	YES/NO	40 POINTS
1.	SUBMISSION DOES NOT INCLUDE SIX (6) COPIES AND ONE (1) ORIGINAL (MINUS 40 POINTS)	_____	LESS: _____
2.	GRANT NOT SIGNED BY HIGHEST OFFICIAL (MINUS 30 POINTS)	_____	LESS: _____
3.	PRIOR AWARDS NOT COMPLETED (MINUS 30 POINTS)	_____	LESS: _____
4.	BUDGET SECTION NOT BALANCED (MINUS 25 POINTS)	_____	LESS: _____
5.	SIGNATURES NOT IN BLUE/RED INK (MINUS 20 POINTS)	_____	LESS: _____
6.	MORE THAN SIX (6) ADDED PAGES (MINUS 15 POINTS)	_____	LESS: _____
7.	501.C.3 PAPERS NOT INCLUDED (MINUS 10 POINTS)	_____	LESS: _____

TOTAL PHASE 1 SCORE: _____

All grants are automatically awarded 40 points in the Phase 1 score with points deducted for failure to meet the minimum requirements noted above. Failure to meet the minimum requirements may also impact the Phase 2 score.

All grants are due by the due date and time listed at the top of the page. NO EXCEPTIONS. You may submit your application by mail to the Foundation at P.O. Box 771, Storm Lake, Iowa 50588 (please account for U.S. Postal Service shipping times) or you may deposit the application in an envelope in our drop box located at Storm Lake United (119 W. 6th Street, Storm Lake, Iowa).

For tips and answers to frequently asked questions please visit www.bvcountyfoundation.com or our Facebook page www.facebook.com/bvccf.

The Foundation is not responsible for lost, misdirected, or late submissions.

FISCAL SPONSOR INFORMATION:

This section is required only if the applicant is not a 501.C.3, Governmental, or Public Education organization. If using a "Fiscal Sponsor" please note that any award will be granted to the fiscal sponsor. The applicant shall still be responsible for completion of the project and complying with all grant guidelines.

FISCAL SPONSOR NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE: _____ EMAIL: _____

TAX ID NUMBER: _____

As the fiscal sponsor for this application I have reviewed the proposed program and organization and agree to provide financial accounting for this project, which includes, but is not limited to, providing accounting for the project (or ensuring that the applicant maintains accurate accounting records for this project) and ensuring that the project is completed on time and that funds are used for the project outlined by this application. In addition, I understand that if this project is awarded funding from the Foundation that the funds would be made payable to my organization.

FISCAL SPONSOR SIGNATURE: _____ DATE: _____

PRINTED NAME OF SIGNER: _____ TITLE: _____

PROJECT BUDGET:

This section shall show the entire budget for the **proposed project** including all funding, in-kind, and donated funds, materials, services, etc. **NOTE: This budget MUST balance.** "Balance" means that all project expenses must equal all project revenues. Operational, training, and supply type expenses are **NOT** eligible expenses for grant funding. Revenue sources labeled "future" are funds not yet awarded, donated, or otherwise under the control of the applicant. Having committed funds increases your odds of funding.

PROJECT REVENUES

PROJECT EXPENSES

SPONSOR CASH: _____

LAND PURCHASE: _____

FEDERAL GRANTS: _____

EQUIPMENT EXP: _____

STATE GRANTS: _____

CONSTRUCTION EXP: _____

BVCCF REQUEST: _____

CONTRACT SERVICES _____

PRIVATE GRANTS: _____

DONATIONS SECURED: _____

DONATIONS FUTURE: _____

IN-KIND DONATIONS: _____

GRANTS FUTURE: _____

TRAINING: _____

SUPPLIES: _____

STAFF COSTS: _____

TOTAL REVENUES: _____

TOTAL EXPENSES: _____

ARE YOU PROVIDING A QUOTE OR ESTIMATE: _____

BUDGET NARRATIVE: Please use the following space to provide any needed additional information regarding the project budget or the availability of other funds:

PROJECT NARRATIVE: Please use the following space to specifically explain the proposed project, what will be accomplished. Include as much detail as possible. If providing pictures or other documents as attachments, please reference in the narrative. If you need additional space, please use your allowed extra pages (Maximum of six (6) extra pages allowed not including the 501.C.3 documentation).

NEED FOR FOUNDATION INVOLVEMENT NARRATIVE: Please use the following space to identify why funding from the foundation is needed for this project. What other sources have you attempted to seek funding from? How long have you been trying to fund the project? What happens if a grant is not awarded?

VALUE TO BUENA VISTA COUNTY: Please use the following space to tell us how this project will benefit the residents, businesses, and visitors of Buena Vista County.

PROJECT LONGEVITY: Please use the following space to explain the longevity of the project including the expected life once the project is completed. Please note that a project that is expected to have an anticipated life of 18 months or less is most likely an operational project and not eligible for funding.

MAINTAINING THE PROJECT: Please use the following space to explain to us how the project will be maintained after completion. Who will be responsible for maintenance? Where will maintenance expenses come from? What experience does the individual or group who will maintain the project have in maintaining the project?

BENEFITED INDIVIDUALS: Please use the following space to tell us how many people will benefit from your project. Please only count unique individuals not repeated clients or beneficiaries. How did you determine the number of benefited people? Why is Foundation funding important to the benefited population?

COMMUNITY SUPPORT: Please use the following space to identify other community support for the project including other groups, individuals, and organizations that support the project and how they support the project. Do you have support from other groups in terms of funding or in-kind services?

MARKETING THE PROJECT: Please use the following space to tell us how the project will be marketed to the public, community, and Buena Vista County. How are you planning to recognize the contribution of the Foundation (be specific)?

PROJECT TIMELINE: Please use the following space to tell us how soon the project will proceed following an award announcement. Is there any anticipated delay that would result in the project not beginning immediately, if yes, please explain. The Foundation expects that awarded projects will be completed within 12 months of award. If you anticipate the need for a longer timeline, please explain. Large projects should include a project timeline as a separate attachment.

PROJECT CERTIFICATION:

We the undersigned have the full authority of the applicant agency to submit the above application for and request funding for the proposed project outlined in this application. As such we guarantee to the Foundation that if the project is funded, we will accomplish the project within 12 months from the date of award, ensure that all grant funds are spent only on the eligible project costs, and complete all required project updates, reports, and requirements, including the required final report. We also agree to execute a grant agreement with the Foundation prior to receiving funds from the Foundation. We agree that in the event the project is not able to move forward that the applicant will return all funds to the Foundation in a timely fashion. We agree to recognize the Foundation for their contribution to the project through both short and long term recognition techniques. We understand that the decision of the Foundation is solely the decision of the Foundation and that their decision is final.

GRANTS MUST BE SIGNED BY TWO (2) SEPARATE INDIVIDUALS IN EITHER BLUE OR RED INK ON THE ORIGINAL APPLICATION THAT IS SUBMITTED.

HIGHEST ORGANIZATIONAL REPRESENTATIVE: _____

PRINTED NAME: _____ TITLE: _____ DATE: _____

PROJECT CONTACT: _____

PRINTED NAME: _____ TITLE: _____ DATE: _____

ALL APPLICATIONS MUST INCLUDE A COPY OF THEIR 501.C.3 PAPERWORK WITH THE APPLICATION EXCEPT FOR GOVERNMENT AND PUBLIC-SCHOOL APPLICANTS.

FINAL NOTES: Please note the following items:

- Do **NOT** staple applications together.
- Clearly identify the original copy submitted.
- You are limited to a **MAXIMUM** of six (6) additional pages.
- You must submit **six (6) full copies PLUS one (1) original** application.
- Your 501.C.3 documentation is **ATTACHED** except for governmental or public-school applicants.