

**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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WILL YOUR FUNDING REQUEST BE DISBURSED BY THE **CITY OF VINTON?** Y / N  
WILL YOUR FUNDING REQUEST BE DISBURSED BY **VINTON SHELLSBURG  
COMMUNITY SCHOOLS?** Y / N

*IF 'YES' TO EITHER QUESTION, NO CHARITABLE DOCUMENTATION IS REQUIRED*

IF "NO" TO THE ABOVE TWO QUESTIONS, THEN ATTACH A COPY OF IRS DETERMINATION LETTER (NOTIFICATION OF 501(c)(3) TAX-EXEMPT STATUS) TO DOCUMENT CHARITABLE ORGANIZATION STATUS OF YOUR ORGANIZATION

**AMOUNT REQUESTED BY ORGANIZATION:** \_\_\_\_\_

**PREFERRED TIMINGS FOR GRANT PAYMENT:** \_\_\_\_\_

**REASON OF REQUEST (BE SPECIFIC – LIST ALL ITEMS AND ESTIMATED COST):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**

**GRANT FUNDS AWARDED MUST BE REQUESTED AND MUST BE USED IN THE CALENDAR YEAR APPROVED FOR THE PURPOSE SUBMITTED IN THE ORGANIZATION APPLICATION. IF COMPLETION IS NOT POSSIBLE, CONTACT JESSICA HELMS AT 319-472-2373 TO SEEK AN EXTENSION TO PROJECT COMPLETION, SUBJECT TO BOARD APPROVAL. IF THERE IS NO REQUEST FOR THE APPROVED GRANT FUNDING OR NO WRITTEN REQUEST FOR A TIME EXTENSION TO COMPLETE THE PROJECT, POSTMARKED BEFORE DECEMBER 31, 2024, THE APPROVED GRANT MAY BE RESCINDED.**

**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:**

\_\_\_\_\_



