

# TRAER COMMUNITY FOUNDATION

## GRANT APPLICATION GUIDELINES

DATE OF APPLICATION \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

**DESCRIPTION OF GRANT PROJECT** \_\_\_\_\_

### ATTACH COPY OF PROJECT BUDGET

AMOUNT REQUESTING\$ \_\_\_\_\_ PREFERRED PAYMENT DATE \_\_\_\_\_

**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REQUEST FOR A TIME EXTENSION TO COMPLETE THE PROJECT, POSTMARKED BEFORE DECEMBER 31, 2025, THE APPROVED GRANT IS RESCINDED**

TIME FRAME FOR PROJECT \_\_\_\_\_

CONTACT PERSON, TITLE AND PHONE NUMBER \_\_\_\_\_

IS THE APPLICANT A GOVERNMENTAL BODY (City, School, Etc) Yes or No

IF NO, IS THE APPLICANT AN IRS DESIGNATED 501(C)(3) NON-PROFIT ORGANIZATION?  
Yes or No

IF YES, THE APPLICANT MUST ATTACH THE ORGANIZATION'S IRS 501(C)(3) DETERMINATION LETTER

STATEMENT OF PURPOSE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF THE ORGANIZATION AND ITS ACTIVITIES \_\_\_\_\_

\_\_\_\_\_

COMMUNITY NEED AND BENEFITS TO BE DERIVED BY THE COMMUNITY \_\_\_\_\_

\_\_\_\_\_

LONG TERM GOALS OF PROJECT \_\_\_\_\_

\_\_\_\_\_

SPECIFIC, SHORT-TERM, MEASURABLE OBJECTIVES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIFIC ACTIVITIES PLANNED \_\_\_\_\_

NUMBER OF PEOPLE TO BE SERVED AND FROM WHAT AGE GROUP \_\_\_\_\_

IS THIS AMOUNT BEING REQUESTED FROM ANY OTHER FUNDING SOURCES \_\_\_\_\_

PLANS FOR ONGOING FUNDING \_\_\_\_\_

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, FOR THE MOST RECENT GRANT, WERE UTILIZED. PLEASE SUMMARIZE BELOW AND INCLUDE A PICTURE OF THE MOST RECENT GRANT USE, IF AVAILABLE.**

**GRANT FUNDS AWARDED MUST BE REQUESTED AND MUST BE USED IN THE CALENDAR YEAR APPROVED AND ONLY FOR THE PURPOSE SUBMITTED IN THE ORGANIZATION APPLICATION. IF COMPLETION IS NOT POSSIBLE, CONTACT DARLYS HULME OR CINDY BLAINE AT 319-478-2148 TO SEEK AN EXTENSION TO PROJECT COMPLETION, SUBJECT TO BOARD APPROVAL.**

ATTACH COPY OF ORGANIZATION'S MOST RECENT FINANCIAL STATEMENT

PLEASE DIRECT ANY QUESTIONS TO: FARMERS SAVINGS BANK & TRUST 319-478-2148  
DARLYS HULME, PRESIDENT  
CINDY BLAINE, ATO

APPLICATION AND ATTACHMENTS MUST NOT EXCEED 10 TOTAL PAGES.  
APPLICATION DEADLINE – FRIDAY, April 25, 2025, 5:00 P.M.

Please make 7 copies to deliver or mail to: Traer Community Foundation  
C/O Farmers Savings Bank & Trust  
611 2<sup>nd</sup> Street PO Box 435  
Traer, IA 50675