

208 S. Franklin St.

PO Box 82

Corydon, IA 50060

641-872-1021

waynecommunityfoundationiowa@gmail.com

**Grant Application Overview**

**Mission Statement**: The Wayne Community Foundation is an organization designed to assist and benefit the citizens of Wayne County.

**Types of Grants**

Grants will be distributed 50% to **basic grants** and 50% to **focus grants**. The category for focus grants is health, wellness, and recreation. Applications for basic grants must be for $1,000 or more. Applications for focus grants must be $10,000 or more.

**Generally Will Not Fund:**

* Existing debt
* Operating expenses, salaries or labor
* Consumable items, freight or shipping

**Application Deadline:**

February 6, 2023

Will be approved by March 6, 2023

Drop off original plus SIX copies when submitting.

**Affiliate Grant Application Contact Information:**

Caleb Housh, President

caleb@lockridgeinc.com

641-895-8523

Taylor Bloomquist, Foundation Coordinator

waynecommunityfoundationiowa@gmail.com

319-316-2073

**Eligibility to Apply for Funding:**

* 501(c)(3) tax-exempt, nonprofit organizations or 170(c)(1) component units of government organizations *(Fire Dept., Ambulance, Libraries, Parks, etc.)*
* Organizations providing services within Wayne County*.*
* If you are not a 501(c)(3) or a 170(c)(1), you must align yourself with a fiscal sponsor.
* The Final Report for all previous grants must be on file **prior** to submitting a new grant application.

| **Wayne Community Foundation**“An Affiliate of the Community Foundation of Greater Des Moines” |
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| **Grant Application – Cover Page** |
| Project Title:  | Date: |
| Applicant: | Federal Tax ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_501(c)(3) organization\_\_\_170(c)1 government\_\_\_Other-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: |
| City: | State:  | ZIP Code: |
| Contact Person Responsible for the Project & their Title: |
| Contact Phone: | Contact Email:  |
| Project Budget: $ | Amount Requesting: $ | Project Start Date:Estimated Completion Date: |
| Type of Grant: \_\_\_Basic \_\_\_Focus (Health, Wellness, and Recreation) |
| Type of Project: \_\_\_Capital (building of or physical improvement of something)  \_\_\_Program (operational, activity, general support)  |
| Project Focus Area: \_\_\_Arts/Culture/Humanities \_\_\_Education \_\_\_Environment/Animals \_\_\_Health \_\_\_Human Services \_\_\_Public/Society Benefit \_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Brief Description of Organization: |
| Brief Description of Project: |
| Signature: | Date: |
| **Drop off completed original application and 6 copies by Monday, February 6th, 2023:****Wayne Community Foundation office****208 S. Franklin St., Corydon, IA 50060****(Between Farm Bureau and Prairie Clover Market)****Please reach out to Caleb Housh or Taylor Bloomquist with questions:** *Caleb*caleb@lockridgeinc.com641-895-8523*Taylor*waynecommunityfoundationiowa@gmail.com319-316-2073 |

| **Wayne Community Foundation**“An Affiliate of the Community Foundation of Greater Des Moines” |
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| **Grant Application – Questions of Purpose** |
| Describe the need or problem being addressed by this project: |
| Explain how this project will benefit the citizens of this county. What area or population is being served?  |
| Describe the project goals and objectives. Describe the steps you will follow to achieve goals and objectives, complete with timeline:  |
| Describe how you will measure the impact/results of your efforts: |
| Will this project have long-term impact? How will this project be sustained? |
| Have you previously received funding from Wayne Community Foundation? If so, when?  |

**Project Budget**

**Income**

 **Source Amount**

|  |  |
| --- | --- |
| Individual Gifts | $4 |
| Sponsor Cash | $ |
| Federal Gov. Grants | $ |
| State Gov. Grants | $ |
| Private Foundations | $ |
| Sponsor In-Kind | $ |
| Private In-Kind | $ |
| County Foundation | $ |
| Other  | $ |
| Other  | $ |
| Other | $ |
| Other  | $ |

**Total:**

**Expenses**

 **Source Amount**

|  |  |
| --- | --- |
| Land Purchase | $ |
| Professional Services | $ |
| Construction Costs | $ |
| Equipment Purchase | $ |
| Construction Supplies | $ |
| Training Costs | $ |
| Personnel Costs | $ |
| Other | $ |
| Other | $ |
| Other | $ |
| Other  | $ |

**Total:**