



PO Box 71367
Clive, Iowa 50325
www.clivecommunityfoundation.org

Grant Application Part I

3 Core Focus Areas:

Quality of Life Initiatives- support for public art, parks and trails and educational programming

Health & Wellness- food assistance, nutrition education and health management resources

Community Collaboration- partnering with civic organizations, neighboring cities and foundations, and other non- profits that share our mission.

Project Title

Date Submitted

Name of Organization

Legal name (as listed with IRS)

Organization Address

City, State, Zip

Employer Identification Number (EIN)

Phone

Website

IRS 501(c) (3) or (4) or (6) or 170b (indicate)

Name and title of contact person regarding this application

Phone

Email

Name and title of fiscal agent contact person (if different than above) Phone Email

Physical Address of fiscal agent contact (If your organization is neither an IRS © (3) or (6) or 170b you MUST have a fiscal agent.)

Total Cost of Project Total requested from CCF %of matched funds Clive population served
Type of Request (check one) _____ Capital Based* _____ Special Project

*Capital Based: The building or of physical improvement of something

_____ Ongoing Program

Project Focus Area (check as many as apply as stated above)

_____ Quality of Life _____ Community Health _____ Community Collaboration

In no more than 3 sentences describe your organization.

In no more than three sentences describe the project for which you are requesting funds.

Grant Application Part 11

Describe the proposed project in detail, including goals and objectives

How does this project support CCF's mission?

Specifically how does the project/program advance one or more of CCF's core focus areas?

Discuss the community need for the project, the benefits for the community as a result of the project and the community support of the project?

Will this project take place within the City of Clive? If not, state the percentage of the program which will take place within city boundaries?

Include the target population and the expected number of people you will serve.

How would or does this project/program include community partners? How would project/program raise the visibility of CCF and the community of Clive?

In the first question you described the project goals and objectives. How will you measure the impact of the project and if the goals and objective were reached?

What is your timeline for your project?

Project Budget: Please itemize the items needed to complete the project and their costs. Also show the source and amount of the funds used to cover the cost. This should include the amount of your request from the Clive Community Foundation as well as other funders.

INCOME	Source	Amount
Sponsor Cash		
Federal Gov. Grants		
Polk County or State Grants		
Private Foundations		
Sponsor In-Kind		
Private In-Kind		
Other Income		
CCF Request		

TOTAL: _____

EXPENSES	Source	Amount
Land Purchase		
Professional Services		
Construction Costs		
Equipment Purchase		
Construction Supplies		
Training Costs		
Personnel Costs		
Other Expenses		

TOTAL _____

Part III

Approval from Applicant Organization:

We approve submission of this grant request and certify that the purpose of this request is charitable and that monies received from the Clive Community Foundation will be used solely for the project stated in this application.

Signature of Applicant

Date

Print name of Applicant

Part IV

Attachments

Please attach the required attachments in the order given:

- 1. Copy of IRS Federal Income Tax Exempt Letter**
- 2. List of Board of Directors**
- 3. Other items such as bids or estimates**

This application may be submitted by email or by mail with three copies mailed to:

**Clive Community Foundation
PO Box 71367
Clive, Iowa 50325**

Email to LuAnne Gafford- LGafford@bankerstrust.com