



# HARDIN COUNTY COMMUNITY ENDOWMENT FOUNDATION

PO Box 473  
Iowa Falls, IA 50126  
endowhardincoiowa.org

## **Grant Application Overview**

**Mission Statement:** *To promote charitable giving, to build permanent endowment funds for Hardin County, and to address a broad range of community issues through active leadership and grant making.*

**Generally, We Will Not Fund:**

- Existing debt
- Operating expenses, salaries or labor

**Application Deadline:** February 5, 2021

**Grants Approved:** March 4, 2021

**Affiliate Grant Application Contact Information:**

Tam Elerding | Program Director

Phone: 641-373-1379 endowhardinco@gmail.com

**Eligibility to Apply for Funding:**

- 501(c)(3) tax-exempt, nonprofit organizations.
- 170(c)(1) component units of government organizations (*Fire Dept., Ambulance, Libraries, Parks, etc.*)
- Organizations providing services within Hardin 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.

# Hardin County Community Endowment Foundation

"An Affiliate of the Community Foundation of Greater Des Moines"

## 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 Project: ___ Capital (building of or physical improvement of building) ___ Program		
Project Focus Area:    Arts/Culture/Humanities    ___ Education    Environment/Animals    Health Human Services    ___ Public/Society Benefit		
Brief Description of Organization:		
Brief Description of Project:		
Signature:		Date:



**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?

Explain your organization's ability to carry out and ensure the success of this project:

Describe the timeline of the project:

Describe how you will measure the impact/results of your efforts:

Have you previously received funding from Hardin County Community Endowment Foundation Name? If so, when?

**The application and accompanying attachments must be submitted electronically as a PDF. This may require printing off the documents and scanning them in order to save as a PDF. Please contact Tam Elerding if you need assistance.**

**Email to [endowhardinco@gmail.com](mailto:endowhardinco@gmail.com) by **4:00 p.m. Friday, February 5th**.**

## ESTIMATED BUDGET for 2021 HCCEF GRANT

### INCOME SOURCES FOR SPECIFIC PROJECT FUNDED BY HCCEF (include HCCEF grant money and 25% matching funds)

Sources	Amount
Hardin County Community Endowment Foundation Grant (amount requested)	
Individual contributions	
Fundraising events	
Membership income	
Government grants (identify by name):	
Corporation gifts/contributions (identify):	
Foundation grants (identify by name):	
In-kind (specify the type of contribution):	
(Note: In-kind general labor is \$15/hr. Professionals may use their customary rate charge.)	
Other (specify):	
<b>Total Income</b>	

### EXPENSES FOR SPECIFIC PROJECT FUNDED BY HCCEF

Items	Amount
Materials	
Equipment	
Program materials	
Labor	
Training	
Other (specify):	
<b>Total Expense</b>	

**NOTE: When completing the final evaluation budget for the grant you have received, attach the required proofs of purchase for all grant money awarded, as well as proofs of purchase showing how matching funds were spent. (Invoices w/copies of cancelled checks, paid receipts, etc., qualify as proofs of purchase.)**

