



2017 Grant Application

Dear Potential Applicant:

We are pleased to announce the availability of the 2017 Dickinson County Endowment Fund Grant Application form. All applications must be computer-printed using the 2017 fillable form (without any additional project description attachments) and submitted for scoring by June 30, 2017. Thank you for your efforts to continually improve Dickinson County!

~ The DCEF Advisory Council

About The Fund

The Dickinson County Endowment Fund Advisory Council was formed in 2005 to coordinate and provide philanthropic support for community betterment projects in Dickinson County. This Fund was created in response to 2004 State of Iowa legislation and continues to receive annual State funding support in addition to donations from local residents, businesses and organizations.

DCEF is administered by a 9-member Advisory Council of Dickinson County residents and makes grants to I.R.S. 501(c)(3) 'tax exempt' organizations and 170(b) 'unit of government' organizations for the benefitting Dickinson County. Non-profit organizations without either status may apply by seeking a fiscal agent that does. **In eleven years of grant-making, DCEF has awarded \$1,051,904** in grant funds by partnering with 78 non-profit organizations serving Dickinson County and supporting 292 projects!

Dickinson County Endowment Funds may be requested for projects affecting the quality of life or economic vitality of Dickinson County. These purposes includes: charitable, civic, educational, patriotic, public, and religious. DCEF focus areas include: Conservation, Economic Development, Family Services, Housing, Natural Resources, Recreation, Transportation and Youth Services.

Grants are awarded based upon funds available each year, as determined by earnings and other contributions. In the 2017 granting cycle, approximately \$93,000 will be available for distribution. Partial funding may be awarded for your project; if this is the case, you will be contacted to determine whether or not you will be able to carry out the project as described with additional funds from other sources.

Please submit 10 copies of your application [1 paper-clipped original application & set of required attachments; 9 stapled copies *without* attachments] **in a sealed envelope either by mail** to: DCEF, Box 558, Milford IA 51351 **or by hand-delivering them** to: the Milford Memorial Library @ 1009 9th St
All applications must be postmarked or date-stamped received by June 30, 2017.

Any questions? Please email: info@dcefund.org

2017 Grant Application Cover Sheet

Date:

Submitted by:

Organization Information

Organization Name:

Legal name (as listed with IRS):

Organization Address:

City, State, Zip:

Employer Identification Number (EIN):

Phone:

Fax:

Web site:

Contact Person:

Phone:

E-mail:

Is your organization an IRS 501c (3) not-for-profit OR 170b unit of government?

Yes No

Purpose of funding sought (select one):

If no, you must have a fiscal agent. Please list fiscal agent name, address, phone, EIN and contact person:

Project focus area (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Conservation | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Natural Resources |
| <input type="checkbox"/> Family Services | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Youth Services |

Date of your organization's most recent *financial audit: _____

*Only ONE copy of this audit is necessary in the application attachments.

2017 Request Summary

Name of Project:

Project Director (if applicable):

1] Project Summary (5 points) Please clearly explain your funding request in **two or three sentences**. Be **VERY** specific [i.e. "landscaping" is too general; we seek what and why: "shrubs and trees to create a windbreak"]

Total Project Cost: \$

Estimated # of People Served:

Amount Requested: \$

Target Population:

2017 Project Details

2] Need in Dickinson County (10 points) *Discuss the community need for the project providing statistical data and the benefits for the community as a result of the project. Convince us!*

3] Ability to Complete Project (15 points) *In 4-5 sentences, please describe your organization's charitable purpose, program activities and population served. (5 points)*

Briefly describe your history/accomplishments demonstrating your ability to complete the project. (5 points)

List any major changes that have taken place in your organization in the last two years such as financial support, leadership and organizational structure if any. (5 points)

2017 Project Details

4] Partnerships (10 points) *How do you plan to collaborate with other entities or organizations on this project to address the community need stated in Question #1? If not planned, explain reasoning.*

5] Goals and Objectives (10 points) *What are the project goals, timeline and objectives? (5 points)*

Explain how they will meet the community need. (5 points)

6] Evaluation (10 points) *What are the project's expected outcomes? (5 points)*

How will you measure and evaluate the project outcomes? (5 points)

2017 Project Details

7] Matching Funds (10 points) *Have you secured matching funds and/or in-kind contributions? If so, please list sources and amounts. (5 points)*

Also, list any other funding or in-kind contributions you are seeking. (5 points)

8] One-time or Repeat Project/Event (10 points) *Is this a one-time or repeat project/event for your organization?*

*If this is a **one-time** project or event, please give evidence of planning and support currently in place from your organization/partners. If this is a **repeat** project or event, please give evidence of previous success and explain reasons for repeating.*

9] Partial Funding (5 points) *If you receive only partial funding, what portion of the project would you complete?*

2017 Project Details

10] Project Budget (5 points) *This format is required for your Project Expense Budget.*

*** PLEASE NOTE: Salaries will not be funded by DCEF. ***

EXPENSES	
Item	Amount
Equipment	\$
Supplies	\$
Printing and advertising	\$
Postage and delivery	\$
Travel	\$
Other (specify): _____	\$
_____	\$
_____	\$
_____	\$
_____	\$
Total Expenses	\$

11] Budget Narrative (10 points) *Explain (by line item) details connected to your budgeted amounts.*

*Please be very specific in this section; not "supplies" instead say "paint, lumber and nails." ** PLEASE NOTE: Salaries will not be funded by DCEF. ***

2017 Application Attachments

ONLY your original, signed application **MUST** include **ONE COPY** of the following items in order to be considered for funding. **** PLEASE DO NOT SEND 11 copies of this information; ONLY ONE COPY IS REQUIRED** in the unstapled copy of your application submitted! ******

1. Copy of latest Federal IRS Tax-exempt status letter
2. List of Board of Directors/Officers and Staff/Positions
3. Signed 'Letter of Intent' to act as a Fiscal Agent – ONLY if your organization does not have a 501(c)3 or or 170b IRS status (as noted on Cover Sheet)
4. Signed Application Approval Agreement (below)

Application Approval Agreement:

The submission of this grant request has been reviewed and approved by this organization's Board of Directors. I certify that the purpose of this request is charitable and that monies received from the Dickinson County Endowment Fund will be used solely for the project stated in this application.

Board Chairman

Date

Print or Type Name:

**** NO NEED TO INCLUDE THIS PAGE IN PRINTED APPLICATIONS;
FOR APPLICANT USE ONLY ****

2017 Application Expectations are as follows:

1] Project Summary [5 points]	<i>Specific description of project</i>
2] Need in Dickinson County [10 Points]	<i>Need is well identified Adequate statistical data provided to support the project Why DCEF dollars are needed is well articulated Benefits to the community are clearly stated</i>
3] Ability to carry out project [15 Points]	<i>Exhibits excellent record of effective service Applicant is prepared to take on project Evidence is stated which indicated the applicant is qualified to take on project Applicant exhibits sufficient volunteers, funding and leadership to complete project</i>
4] Partnerships [10 Points]	<i>Additional community support (volunteers/in-kind contributions) included/described Adequate effort shown to seek broader support Is not a duplication of services already existing Collaboration with other non-profits to address community need.</i>
5] Goals & Objectives [10 Points]	<i>Goals are articulated by a detailed timeline Goals are specific and meet the identified need Goals are definitely measurable Goals and objectives are very realistic</i>
6] Evaluation [10 Points]	<i>Objectives/outcomes are definitely measurable Evaluation tool is described</i>
7] Matching Funds [10 Points]	<i>Other funding sources have been or are being sought Other sources are listed and are described</i>
8] One-time/Repeat Project [10 Points]	<i>The event is clearly defined as a one-time or a repeat project If a one-time event, adequate evidence of support from the non-profit If a repeat project, there is adequate explanation supporting the 'repeat reason'</i>
9] Partial Funding [5 Points]	<i>Goals and objectives have been modified to accommodate partial funding How DCEF funding impacts the project has been clearly articulated The project has been clearly prioritized</i>
10] Project Budget [5 Points]	<i>A detailed expense budget for the project was included. The DCEF application budget form was used The budget seems very realistic for the project</i>
11] Budget Narrative [10 Points]	<i>A detailed budget narrative is included The cost of the project or program was clearly defined The requested funding is within the scope of DCEF funding.</i>

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