

Simple Grant Application Form **For grant requests of \$3,000 or less**

The Marion County Community Foundation is an organization based in Marion County, Iowa, with the goal of coordinating and providing philanthropic support for community betterment projects. Organizations receiving grants come from all areas of the county and serve residents from preschool age to senior citizens.

To be eligible for a grant, you must be a **non-profit, legally tax-exempt organization** located in and primarily serving clients in Marion County.

Your organization must serve a charitable purpose by enhancing the quality of life in Marion County in areas such as: health, education, culture, religion, recreation or the enhancement and preservation of the county's heritage. For more information, please refer to the Principles for Grant Making section located at the **Foundation website, mccfiowa.org**

Marion County Community Foundation grant guidelines and requirements:

- Grant applications are available February 15th on the Foundation's website and due by midnight April 20th of each grant year.
- The maximum grant request using this Simple Grant Request Form is \$3,000. Larger grant requests should use the Detailed Grant Application Form, which is available on the Foundation's website.
- Grant awards are normally made once per year in May and projects are normally completed by the end of the calendar year.
- Grant recipients **must** complete an evaluation form after their project is complete. If they fail to do so, the recipients **will not** be eligible for future Foundation grants.
- Only the following entities can receive Foundation grants:
 - Nonprofit organizations with a 501(c)(3) status.
 - Government entities, such as cities, counties and schools.

Attached below is the Simple Grant Application Form. See the Foundation's website (mccfiowa.org) for an electronic copy of this grant application. Additional information available on the website mccfiowa.org or call 641-828-7373 or Email info@mccfiowa.org

Simple Grant Application Form

1) Title of Project:
2) Dollars requested from the Foundation:
3) Non-Profit Group* Requesting Funding (the “Applicant”) *Enter or attach IRS determined 501c3 status or EIN number
4) Contact Person Information: Name: Phone Number: Address: Email:
5) Has your group received funding from the Foundation in the past? (if yes, enter year)
6) Short Description of Project (one sentence):
7) Long Description of Project (one paragraph):
8) Cost of Project:
9) Anticipated completion date of Project:
10) If the Foundation does not have enough funds to meet every applicant’s request, would you be willing to accept less than you have requested? (Yes or No)

The undersigned certifies that: 1) they are authorized to represent the Organization applying for a grant, 2) the information contained in the application is accurate, 3) the grant will be used only for the purpose outlined above, 4) the Foundation has received nothings of material value in exchange for the grant, 5) a picture of the finished project may be displayed on the Foundation’s website, and 6) the Applicant will publically acknowledge the Foundation’s grant.

Signature of Project Representative (Print or Type Name & Title) Date

Submit form online from the website by midnight April 20th or Email a copy of this completed form to info@mccfiowa.org by the same deadline.