## 2024 MCCF Grant Application Summary for Review Committee

**Organization conducting project:**

**Total Project Costs: $** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total Grant Request: $**

**Organization Address:**

**Contact Person:**

**Phone & Email Address:**

**Type of Project: Capital** (Building of or improvements to a physical structure) **Program** (operational, activity, equipment, general support)

**Project Focus Area: Arts/Culture/Humanities Education Environment/Animals Health**

**Human Services Public/Society Benefit Other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brief Project Summary:**

|  |  |  |
| --- | --- | --- |
| **SCORING** | **POINTS POSSIBLE** | **POINTS GIVEN** |
| **Planning** | **20** |  |
| **Demonstrated Need/Public Demand** | **20** |  |
| **Partnership/Local Support** | **10** |  |
| **Leveraged Activity/Matching Funds** | **20** |  |
| **Creativity/Innovation** | **5** |  |
| **Sustainability** | **5** |  |
| **Feasibility, Timeline & Budget** | **5** |  |
| **Impact/Benefits** | **10** |  |
| **Geographic Allowance** | **5** |  |
| **TOTAL** | **100** |  |

**------------------------------- For Review Committee Notes and Scoring – Do not write below this line ------------------------------**

**Notes**

**Grant Award History**

## 2024 MCCF Grant Application – Introduction

**Mission Statement:** The mission of the Mahaska County Community Foundation (MCCF) is to assist local organizations to accomplish great things in Mahaska County. To do so, it will promote endowment building, community development, grant making, organizational collaboration, and public leadership for the benefit of Mahaska County’s residents.

**What we support:** MCCF is made up of community-minded individuals who have the ability to assess community needs, implement asset development, evaluate area grant applications, encourage partnerships and initiate activities to enhance Mahaska County. Each year the Foundation makes grant awards to worthwhile projects located in the county. Our foundation’s areas of emphasis include:

**• Arts/Culture/Humanities • Education • Environment/Animals**

**• Health & Human Services • Recreation • Youth Development**

**MCCF Does Not Fund:**

• Completed projects or projects already in progress

• Projects that have current budgeted support

• Emergency repairs/purchases

• Elimination of deficits

• Reduction of debt

• Ongoing project support and operating support

**Eligibility to apply for funding:**

\_\_\_\_\_ Tax exempt, non-profit entities classified by the IRS as 501(c)(3) or a 170(c)(1) governmental entity

\_\_\_\_\_ If not a 501(c)(3), must have a fiscal sponsor who will be legally and financially responsible

**Application Submission Details**

• Application and all supporting documents must be submitted electronically to  
 GrantAdmin@mahaskafoundation.org by the application deadline.

• Application deadline is **February 28, 2023 by 3:00 p.m.**

• Questions can be submitted via email to GrantAdmin@mahaskafoundation.org or by  
 phoning MCCF President Amy Toubekis (641.295.9089)  
 or MCCF Treasurer Madonna Bowie (641.660.3029).

**Definitions & Explanations:**

Fiscal Sponsor is an organization that is receiving the money on behalf of the grant applicant and is responsible for disbursing the money for the project and maintaining appropriate documentation. This entity must be a 501(c)(3) or a 170(c)(1) unit of government in order to serve in this capacity. A fiscal sponsorship agreement must accompany the grant application if a fiscal sponsor is being used.

Organizations must be recognized by the Internal Revenue Service as tax-exempt, non-profit public charities under section 501(c)(3) or as a “unit of government” under Section 170(c)(1) to receive grant funding.

A 501(c)(3) is a section of the Federal Tax Code which establishes the criteria for tax-exempt charitable organizations.

Section 170(c)(1) refers to agencies that conduct activities to benefit the public at large, like public school, state universities, public libraries, and volunteer fire departments.

## 2024 MCCF Grant Application – Checklist

* Organizational information has been completed
* Contact information has been completed
* Project Summary has been completed
* Project budget detail has been completed
* Project narrative information has been completed
* Project timeline has been completed
* Copy of 501(c)(3) IRS Determination letter attached to grant application or comparable proof of charitable exemption (i.e., A letter from a City confirming their status as a government entity)
* Fiscal Sponsor agreement completed if a fiscal sponsor is being used.

## 2024 MCCF Grant Application – Applicant Information

Organization conducting project:

Organization/Project Address:

Organization/Project Contact Person & Title:

Organization/Project Contact Person Phone & Email Address:

Project Title:

Applicant Requesting Funding or Fiscal Sponsor if the organization is not a 501(c)(3):

Federal Tax Identification Number of Applicant/Fiscal Sponsor (EIN):

Applicant/Fiscal Sponsor Address (if different from above):

Applicant/Fiscal Sponsor Contact Person (if different from above):

Applicant/Fiscal Sponsor Contact Phone & Email (if different from above):

Total Cost of Project:

Amount Requested:

Estimated number of individuals served:

**2024 MCCF Grant Application – Applicant Information (con’t.)**

Description of Organization:

Description of Project:

**2024 MCCF Grant Application – Questions of Purpose**

**PLANNING – 20 POINTS**

1. Describe your organizations charitable purpose/mission, program activities, and population served.

1. Describe your organization’s size, membership and leadership. Please include a list of your board members.

1. Briefly describe your organization’s history (year organized), major accomplishments, and goals.

1. Describe the proposed project including the project goals and objectives. Discuss the population it will serve. Describe any planning that went into the project. Describe any research, investigation and/or analysis your organization did on this project. If this project is a phase of a larger project, explain.

## 2024 MCCF Grant Application – Questions of Purpose (con’t.)

**DEMONSTRATED NEED/PUBLIC DEMAND – 20 POINTS**

1. Discuss the community needs for the project, the benefits for the community as a result of the project and the community support for the project.

**PARTNERSHIP/LOCAL SUPPORT – 10 POINTS**

1. Outline resources, partners, partnerships and/or local support that will assist with the project and what their support brings to the project. Attach letters of support at the end of the application.

**LEVERAGED ACTIVITIY/MATCHING FUNDS – 20 POINTS**

1. Outline funding secured, applied for and proposed for the project and or matching funds listed on the project budget form. Demonstrate leveraging of other community, regional, or state investments. Clearly document both financial and non-financial services and their value.

## 2024 MCCF Grant Application – Questions of Purpose (con’t.)

**CREATIVITY/INNOVATION – 5 POINTS**

1. Describe any creative components, innovations, or new ways of dealing with problems that will be addressed by your project.

**SUSTAINABILITY – 5 POINTS**

1. Who will administer this project? Please describe their qualifications to do so. Will there be ongoing expenses associated with this project including operations or maintenance costs? Explain how these will be addressed. If you do not receive this grant, will you be able to continue with the project?

**FEASIBILITY, TIMELINE & BUDGET – 5 POINTS**

1. What is the timeline for this project? Include project start, finish, and milestones in your timeline.

**IMPACT/BENEFITS – 10 POINTS**

1. Indicate desired impact and how you will measure and evaluate the results of the project. Be specific regarding community needs/issues your project will address.

**GEOGRAPHIC ALLOWANCE – 5 POINTS**

1. Projects that will affect communities within Mahaska County will be considered for grant awards.

**2024 MCCF Grant Application – Project Budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INCOME** | | | | |
| **Source** | **Funds Secured** | **Funds Seeking** | **\*\*In-kind** | **Total Amount** |
| MCCF |  |  |  |  |
| Gov’t Grants |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Foundations |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Corporations |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Individual Contributions |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Fundraising Events |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Other (Specify) |  |  |  |  |
|  |  |  |  |  |
| **Total Income** |  |  |  |  |
| **EXPENSE** | | | | |
| **Source** | | **Expenses funded**  **by MCCF grant** | **In-Kind or Cash**  **Match** | **Total Amount** |
| Land Purchase | |  |  |  |
| Professional Services | |  |  |  |
| Construction Costs | |  |  |  |
| Construction Supplies | |  |  |  |
| Equipment Purchase | |  |  |  |
| Training Costs | |  |  |  |
| Personal Costs | |  |  |  |
| Other Expense (Specify) | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
| **Total Expense** | |  |  |  |
| **Balance (income – Expense)** | |  |  |  |

**\*\*In kind gift:** When a foundation or entity contributes goods or services in lieu of providing monetary grants.

**2024 MCCF Grant Application - Fiscal Sponsorship Agreement**

Date:

Fiscal Sponsor (Legal Applicant):

Fiscal Sponsor Contact Person:

Fiscal Sponsor Email & Phone:

Fiscal Sponsor Full Mailing Address:

Sponsored Organization Conducting Project:

Project Name:

(Legal Applicant/Fiscal Sponsor, hereafter referred to as **The Sponsor**) has agreed to serve as a fiscal/program sponsor for the (Organization conducting project, hereafter referred to as the **Sponsored Org.**) as outlined in the attached application and supporting materials. The Board of Directors of **The Sponsor** has passed a resolution adopting the **Sponsored Org.’s** project as a program or project consistent with the **Sponsor’s** purpose and mission. The **Sponsored Org.’s** financial activities will be accounted for as a program of **The Sponsor** for IRS auditing and financial reporting purposes.

Since the **Sponsored Org.** is not recognized by the IRS as a charitable tax-exempt entity, **The Sponsor** must exercise full control over the **Sponsored Org.’s** financial administration, management and disbursement of funds resulting from this grant application.

**The Sponso**r has delegated  
(name of person{s}) as responsible for fulfilling of these accounting and reporting functions subject to the ultimate authority of the Board of Directors of **The Sponsor. The Sponsor** is responsible for ensuring completion of timely reports and submission of necessary financial statements to the Community Foundation’s Administrative Office (contact information below). Failure to insure timely reporting on behalf of the **Sponsored Org./Sponsor** will also result in a loss of good standing.

This agreement will be in effect from the date of a grant award to support the above-named project until the grant funds are expended and the final report has been submitted and accepted.

We agree to the terms stated above in this agreement:

Legal Applicant/Fiscal Sponsor Representative Signature

Printed Name Date

Sponsored Organization Representative Signature

Printed Name Date

\*Attached to this agreement the Fiscal Sponsor’s 501(c)(3) Tax Exempt Determination Letter or comparable proof of charitable exemption. (i.e. A letter from a City, confirming their status as a government entity. Contact our Administrative Office with questions or for examples of a letter from a City.)