



The Clarinda Foundation Board of Directors is asking that all organizations interested in submitting a grant application review and consider the following eight qualities of exemplary proposals.

1. **Energy.** The proposal bristles with enthusiasm, urgency and passion. It suggests a group of people who can barely contain their eagerness to begin working. The Board members as readers want to feel inspired and excited by the organizations plans.
2. **Expertise.** The proposal's authors should know what they are talking about. Their plans reflect a deep understanding of the problem they are addressing. They are aware of similar efforts that have been undertaken in the past. Their theoretical knowledge is tempered by time-tested experience in the field. They inform their practice with solid theory and continue their own professional development despite the demands of their daily work.
3. **Commitment.** The proposal reflects the organization's genuine priorities rather than being one of many programs it is currently juggling. The grantseekers demonstrate their willingness to invest their own unrestricted resources in the project. Rather than moving on to a new endeavor in the near future, the organization is committed to continuing the project.
4. **Clarity.** The proposal is clear about what the organization wants to do, why it is important and how it will be carried out and evaluated.
5. **Collaboration.** The grantseeker has informed alliances with other organizations to advance their mutual goals. The people served by the proposed project have participated in its planning. All involved parties appear more interested in getting results than carving out turf.
6. **Benefits.** The organization is less concerned with underwriting its own needs than improving society. The project's goals are indisputably worth striving for and the target group is appropriate.
7. **Comprehensiveness.** The problem's complexity is matched by the sophistication of its proposed solution. The grantseekers' thinking reflects a comprehensive strategy, rather than a piecemeal approach.
8. **Effectiveness.** A well-designed, ongoing evaluation reflects the group's commitment to getting results. The project has the potential for achieving a wider impact if it is replicated elsewhere in the future.



## 2018 GRANT CONDITIONS

Grant applicants are required to review and agree to the following conditions regarding the acceptance of a grant award. *(Please place your initials to the left of each condition indicating you have read and understand each condition).*

\_\_\_\_\_ Awarded project shall be completed by May 31, 2019.

\_\_\_\_\_ Grant recipient shall submit a written request for extension if the project will not be completed by May 31, 2019, stating reasons for the request and providing a new completion date. The Board will notify the recipient of its decision regarding the request after considering the reasoning behind the delay, the amount of community support for the project, and other challenges as presented.

\_\_\_\_\_ Grant funds will not be advanced to the recipient until the project has been completed and a Project Report has been submitted to the Clarinda Foundation. All supporting documentation including invoices, receipts and proof of payment shall accompany the Project Report upon submission.

\_\_\_\_\_ A minimum of 1 (one) picture of the completed project shall be submitted electronically to the Clarinda Foundation prior to grant funds being paid.

\_\_\_\_\_ A media document will be provided to each grant recipient to be completed and shall be submitted to the Clarinda Foundation along with the Project Report. The Clarinda Foundation will provide the information included in the media document to local media, promote through Facebook and the Clarinda Foundation's website.

Acknowledged by:

\_\_\_\_\_

\_\_\_\_\_ Date



## **The Clarinda Foundation, INC.**

### **2018 Grant Application**

#### **INSTRUCTIONS:**

1. Organizations applying shall be a legally chartered 501(c)3 Public Charity entity, educational institution or government entity within the greater Clarinda area.

If you are an Iowa nonprofit entity, but not federally certified as a 501(c)3 Public Charity, you may apply with the approved use of a Fiscal Sponsor that has the certified 501(c)3 designation. This Fiscal Sponsor will act on your organization's behalf for this grant application and request.

In addition, the organization's governing board must approve all applications prior to submission

**NOTE:** CHAMBER BOARDS, ECONOMIC DEVELOPMENT BOARDS, PUBLIC LIBRARIES, FIRE DEPARTMENTS, COUNTY EXTENSION, COUNTY CONSERVATION, FAIR BOARDS, ETC. ARE AMONG THOSE THAT REQUIRE A FISCAL SPONSOR. IN THESE CASES, THE CITY OR THE COUNTY BOARD OF SUPERVISORS MAY BE USED AS A FISCAL SPONSOR.

1. Organizations applying shall have read, initialed, signed and submitted the Grant Award Conditions document with their application to the Clarinda Foundation.
2. This application can be completed on your computer and printed for delivery to the Clarinda Foundation. Additional sheets may be included and all additional required information shall be included (i.e., pre-printed information such as board of directors and financial statements).
3. The deadline for submission of the 2018 grant application is 3:00 PM, May 17, 2018. Applications mailed must be postmarked no later than May 17, 2018. If you choose to personally deliver your application please take note of the Clarinda Foundation's hours of operation: Monday-Thursday, 9:00 AM-12:00 PM and 1:00 PM-3:00 PM, CLOSED ON FRIDAY, SATURDAY AND SUNDAY.
4. Submit the completed grant application to the Clarinda Foundation, 114 East Washington St., Clarinda, Iowa 51632, or by e-mail to [clarindafound@iowatelecom.net](mailto:clarindafound@iowatelecom.net).

Organization applying for grant: \_\_\_\_\_ Date: \_\_\_\_\_

Type of organization: \_\_\_\_\_ Iowa non-profit corporation \_\_\_\_\_ Government \_\_\_\_\_  
\_\_\_\_\_ School \_\_\_\_\_ 501(c)(3)\*

*\*If you are a 501(c)(3) organization, be sure the Clarinda Foundation has a copy of your determination letter.*

Tax ID#: \_\_\_\_\_

*\*\*If you are not a 501(c)(3), educational or governmental organization please indicate the name of your fiscal agent and provide a copy of your fiscal agent's IRS determination letter and their Tax ID#.*

Fiscal Agent: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Address: \_\_\_\_\_

**PROJECT INFORMATION**

Project Title: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(You may use additional sheets if necessary.)*

Proposed timeline for project:

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Describe the need/goal for this project: \_\_\_\_\_

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*(You may use additional sheets if necessary.)*

What is the expected impact or outcome of this project for your organization and the community as a whole (i.e., number of individuals impacted):

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*(You may use additional sheets if necessary.)*

How will this project be continued or sustained after the grant cycle: \_\_\_\_\_

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*(You may use additional sheets if necessary.)*

Total cost of the project (attach project budget): \$ \_\_\_\_\_

Amount of funding requested from the Clarinda Foundation for this project: \$ \_\_\_\_\_

How will you fund the remainder of this project:

(1) \$ \_\_\_\_\_ from \_\_\_\_\_

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(2) \$ \_\_\_\_\_ from \_\_\_\_\_  
\_\_\_\_\_

How will you proceed with the project if you do not receive your full request?

\_\_\_\_\_ Use other funds      \_\_\_\_\_ Seek other funds      \_\_\_\_\_ Delay the project

\_\_\_\_\_ Will not do the project

\_\_\_\_\_ Other/explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(You may use additional sheets if necessary.)*

**ORGANIZATION INFORMATION (We need an individual as a primary contact in the event we need to obtain additional information.)**

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (712) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

***If the grant payment is to be mailed to another individual or organization please provide that information below:***

Mail payment to:

Individual/organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Describe your organization, its mission, its purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(You may use additional sheets if necessary.)

**Attach:**

1. Detailed project budget including income and expenses.
2. Your organization's December 31, 2017 Balance Sheet that includes ALL assets and liabilities (please include a list of assets or liabilities that may not have been listed on your Balance Sheet), the 2017 year-end Profit & Loss Statement (reflecting all income and expenses), and the organization's 2018 or current budget.
3. A list of your organization's board members and officers.
4. Information about your proposal that might not have been addressed in the space above.

\_\_\_\_\_  
*Date your Board approved this application*

\_\_\_\_\_  
*Signature of Organization Officer and Title*

\_\_\_\_\_  
*Date*