

# CFJC Grant Application

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*Community Foundation of Johnson County*

## **APPLICATION BASIC INFORMATION (5 Maximum Points)**

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### **Project or Program Name\***

*Character Limit: 100*

### **Project Summary\***

Please provide a summary of the project.

*Character Limit: 2000*

### **Project Focus Area\***

Please select the option that best fits the project.

#### **Choices**

- Arts, Culture & Humanities
- Education
- Environment or Animals
- Health Services
- Human Services
- Public & Societal Benefit

### **Project or Program Geographic Area Being Served\***

Select all that apply.

Choices

#### **Choices**

- Coralville
- Iowa City
- Johnson County
- Lone Tree
- North Liberty
- Solon
- Swisher
- Tiffin

### **Funding Request Type\***

Choices

#### **Choices**

- Capital Improvements
- Endowment Building
- Operational
- Projects or Programming

**Grant Funding requested from CFJC for this project\****Character Limit: 20***How did you hear about this grant opportunity?\*****Choices**

CFJC Newsletter

CFJC Website

CFJC Facebook page

Newspaper

Word of Mouth

Other:

**If you chose "Other" please specify***Character Limit: 30***ORGANIZATION INFORMATION / QUALIFICATIONS (20  
Maximum points)**

You may use your GuideStar profile to help populate your application form. Before doing so, please be sure that your GuideStar profile contains the most up-to-date information.

To auto-populate your form with GuideStar profile answers click the "Copy GuideStar Profile" button in the top right corner. Simply pick and choose which answers you would like to pull into the form by clicking the checkbox next to the applicable answer. When finished selecting, click the "Copy Answers" button in the bottom right of the pop-up and the GuideStar data will be pulled into the applicable fields in the form.

Please note that copying answers will not overwrite any existing answers and any answers pulled from GuideStar which populate into your form can be edited and updated.

If you do not have a GuideStar profile you may simply answer the questions by typing or copy/pasting in your response.

**Organization Name\****Character Limit: 100***Organization Address\****Character Limit: 250***GuideStar Organization ID or EIN Number\****Character Limit: 100*

## Mission Statement

*Character Limit: 1000*

## Organization Website

*Character Limit: 2000*

## Incorporation Year

*Character Limit: 250*

## Fiscal Year Start

*Character Limit: 250*

## Fiscal Sponsorship\*

Is the organization applying for this grant applying on behalf of another organization or group?

### Choices

Yes

No

## Sponsored Organization's Information

If you answered "Yes" to the above question, provide the name of the sponsored organization or group.

*Character Limit: 100*

## Board of Directors\*

Upload a list of your Board of Directors. List should include names, roles, terms, and professional affiliations. Use a .pdf file.

*File Size Limit: 2 MB*

## Total Current Annual Agency Budget\*

*Character Limit: 20*

## Audit\*

Has your organization had an external audit or financial review within the past two years?

### Choices

Yes

No

## Lack of Audit

If you answered "No" to the above question, please explain.

*Character Limit: 200*

## **COMMUNITY IMPACT (25 Maximum Points)**

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### **Identify the specific needs and/or problems to be addressed.\***

*Character Limit: 1500*

### **Quantify those needs and/or problems as relevant to our community.\***

*Character Limit: 1000*

### **Ages Being Served\***

What are the ages, or age ranges, of the people who are specifically targeted for this project?

*Character Limit: 250*

### **Estimate the number of people in JOHNSON County who will be served directly by your project/grant.\***

*Character Limit: 200*

### **Explain how you arrived at this estimate.\***

*Character Limit: 500*

## **PROJECT/ PROGRAM DESIGN (25 maximum points)**

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### **Expected Results\***

What are the expected outcomes (impact, results, etc.)? In other words, what difference will this project make?

*Character Limit: 1000*

### **Identify the measurable methods/ tools.\***

Describe the tools, methods, and/or strategies that you will use to measure outcomes.

*Character Limit: 1000*

### **Project Start Date\***

*Character Limit: 10*

### **Project End Date\***

*Character Limit: 10*

### **Previous Grant Results\***

If the Foundation has funded this project previously, what were the documented outcomes?

Was the project considered successful? Why or why not?

If not, what challenges were faced, and how have they been addressed in this current request?

If this project has never been funded by the CFJC before, simply enter "N/A"

*Character Limit: 1000*

## Community Partners

List any community partners collaborating on the activities outlined in the project.

*Character Limit: 1000*

## Describe the experience your organization has had in providing similar services.

*Character Limit: 300*

## Describe how the project relates to your organization's mission and goals.\*

*Character Limit: 500*

## FINANCIAL INFORMATION (25 Maximum points)

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### Project Budget\*

Please attach a line item project budget, which includes all sources of income and expenses for this project. Include in-kind gifts/services, other grant requests, etc. Indicate if other funding is pending, approved or received.

### Attachment must be in .pdf format

*File Size Limit: 5 MB*

### Amount Requested from CFJC\*

*Character Limit: 20*

### Identify exactly what will be funded by the grant\*

*Character Limit: 500*

### Would your proposed project be viable with partial funding from CFJC?\*

*Character Limit: 500*

### Organizational Balance Sheet\*

Upload the most recent balance sheet for the entire organization. The statements should cover the last fiscal year. Please **DO NOT** attach your organization's entire audited financial statement.

### Attachments must be in .pdf format

Balance sheet (file size limit 5MB)

*File Size Limit: 5 MB*

### Organizational Income Statement\*

Upload the most recent Income Statement for the entire organization. The statement should cover the last fiscal year. Please **DO NOT** attach your organization's entire audited financial

statement.

**Attachment must be in .pdf format**

Income Statement (file size limit 5MiB)

*File Size Limit: 5 MB*

## **APPLICATION SUBMISSION**

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### **Authorized Signature**

I agree that:

I have read and understand the grant guidelines.

I am authorized by the organization to apply for this grant. When a grant check is cashed, the organization is obligated to use it for the purpose given in this application. If any portion of the funds cannot be used for the purpose in the application, the organization will return them to the CFJC.

**Important!** By entering data into the next three (3) fields calling for insertion of your Name, Title, and Date you are:

- (1) representing that you are an officer or other agent for the Applicant duly authorized to enter into legally binding agreements on behalf of the Applicant
- (2) agreeing to submit this grant application in an electronic form on behalf of the Applicant which shall be bound by its contents as an electronic transaction
- (3) agreeing that you provided true, accurate, current and complete information
- (4) agreeing that your insertion of data into these following fields constituted an electronic signature

*Character Limit: 10*

### **Name (Authorized Representative)\***

*Character Limit: 150*

### **Title\***

*Character Limit: 50*

### **Date\***

*Character Limit: 10*