

The Keokuk Area Community Foundation

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2011 Grant Application

The undersigned submits the following information to the Keokuk Area Community Foundation (KACF) for the purpose of requesting a determination by the Foundation as to whether funds will be made available to the undersigned in the form of a grant.

Please complete this form (*with additional sheets as appropriate attached to this form*). These will serve as the cover page(s) to your application proposal.

1. Name of organization seeking a grant from KACF:

Name of person (printed or typed) submitting this proposal (*the contact person we should call with questions*):

Mailing address: _____

Phone: _____

Email: _____

Please attach a copy of your 501(c) (3) Tax Determination Letter to the application and include 7 copies of your proposal!

4. The amount requested for funding your project is: \$ _____

Please also note for us if you are seeking funding for this project from other foundations and if this is a duplicate proposal for funding: *(we may ask you to return a grant we fund if you have also received funding for this project from another Foundation, thus duplicating the grant we awarded to you).*

Please complete below:

Yes, we are seeking funding for this project from other Foundations:

They are: _____

(Please use additional sheets as necessary to provide complete information)

No, we are seeking funding from KACF only!

5. Project Budget: The **total** project budget is: \$_____

Please include on a separate sheet *(and attach to this form)* a detailed project budget and indicate what portion of it is funded, or is expected to be funded, by other sources (grants, registration fees, gifts in kind, donor pledges, etc.)

Please use the information below **as a guide:** *(and present your information in a format that is normal and acceptable for your organization while conveying the information below using a separate, titled page).*

The budget for Project you seek to have funded;

- Costs for purchase of materials and services;
- Other relevant expenses *(if appropriate)*.

Please list your other sources of support:

- Number of donors and total dollars given for the project and,
- Gifts in kind: number received and their total dollar value.

6. Next, please attach a summary (*of 2 pages or less with a title to the page and each page numbered*) describing the overall scope of the project for which funding is being sought.

This summary will include as much detail as possible (*while also presenting the information in a clear and concise manner*) to assist our Grant Selection Committee in making their decision.

Also, please include how many people will be served by your project.

7. The project's timetable and schedule is (*please be as specific as possible*):

Date project begins: _____

Completion date: _____

Name: _____
(Please print name)

Signature: _____
(signed by Executive Director, President, or CEO of your organization).