

# 2022 Community Grant Application - Program Support

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*Community Foundation of Johnson County*

## **ORGANIZATION INFORMATION**

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### **Organization Name\***

*Character Limit: 100*

### **EIN Number\***

*Character Limit: 100*

### **Mission Statement\***

*Character Limit: 2000*

### **Organization Address\***

Street, City, State, Zip

*Character Limit: 250*

### **Populations Served\***

In an effort to assist with data collection around our grantmaking process, we ask that you fill out this demographic information to the best of your knowledge.

Demographic information should be based on the population served by your organization in an average year.

Please check the boxes of the population(s) you PRIMARILY serve. Please check all that apply.

#### **Choices**

Black, Indigenous, and People of Color

White

Persons with Disabilities

Low-Income

Elderly (65+)

Adults (18-65)

Teens (13-18)

Youth (0-13)

Men

Women

English as a Second Language

Other

### Fiscal Sponsorship\*

Does your organization have a fiscal sponsor?

#### Choices

- Yes
- No

If you answered "Yes" to the above question, please upload the sponsorship agreement.

*Character Limit: 100 | File Size Limit: 5 MB*

## APPLICATION BASIC INFORMATION

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### Project Name\*

*Character Limit: 100*

### Funding\*

How much funding are you requesting? (Max. \$10,000)

*Character Limit: 20*

### Organization/Project Focus Area\*

Please select the option that best fits your organization's focus area:

Arts/Culture/Humanities: Museums, historic, preservation, etc

Education: Schools (all ages), adult learning programs

Environment/Animals: Environmental protection, beautification, animal-related issues

Health: General, rehabilitative, mental, etc

Human Services: Public protection/safety, recreation, youth development, social support

Public/Societal Benefit: Community improvement/development, philanthropy/volunteerism, capacity building, civil rights, etc

#### Choices

- Arts/Culture/Humanities
- Education
- Environment/Animals
- Health
- Human Services
- Public Societal Benefit

### Geographic Area Being Served\*

Select all that apply.

#### Choices

- Coralville
- Hills

Iowa City  
Lone Tree  
North Liberty  
Swisher  
Tiffin  
University Heights  
Other Johnson County community not listed above

### Persons Served\*

Please provide an estimate on the # of persons served by your organization annually.

*Character Limit: 25*

## PROGRAM INFORMATION

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### Program Summary\*

Please provide a brief description of the program you are requesting funding for.

*Character Limit: 5000*

### Community Problem Addressed\*

Please provide information on the problem this program is addressing and how this program offers a solution (short- or long-term) to the problem.

*Character Limit: 5000*

### Project Budget\*

Please provide either an attached project budget or a budget narrative below which details the project expense line items and total project expense. Be sure to indicate where this grant money would be utilized.

*Character Limit: 2000 | File Size Limit: 5 MB*

## APPLICATION SUBMISSION

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### Non-financial Assistance

Please let us know if there is any non-financial assistance the Community Foundation of Johnson County could provide to support your organization. (Ex. social media spotlight, trainings & educational sessions, connection to other nonprofits, posting on our nonprofit community calendar or nonprofit career center, etc.)

*Character Limit: 5000*

### Additional Information

Is there any additional information you wish to share with the Granting Committee about your need?

*Character Limit: 5000*

## **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 fields (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; and
- (4) agreeing that your insertion of data into the following fields constituted an electronic signature.

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

*Character Limit: 150*

### **Title\***

*Character Limit: 50*

### **Date\***

*Character Limit: 10*