

2023 Community Grant Application - Program Support

Community Foundation of Johnson County

ORGANIZATION INFORMATION

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

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

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

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