2023 Community Grant Application - Operating 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 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 of the # of persons served by your organization annually.

Character Limit: 25

FINANCIAL INFORMATION

Capacity Building & Sustainability*

Will these dollars assist in sustainability of the organization or capacity building and growth? Please briefly describe the anticipated use of funds.

Character Limit: 5000

General Organizational Budget*

Please provide your organization's current profit/loss statement or a one-page document detailing overall revenue and liabilities.

File Size Limit: 5 MB

Budget Narrative

If you have any additional budget details you would like to include, please include that narrative here.

Character Limit: 1000

Revenue from Fundraising*

Please estimate to the best of your knowledge the % of total revenue for your organization which comes in the form of fundraising/donations in a typical year.

Character Limit: 20

Other Funding Sources*

Please check if you receive funding from these entities in a normal year (does not include emergency funding such as Payment Protection Plan dollars made available because of the coronavirus pandemic).

Choices

Federal Government
State Government
County
City

Foundation/Funder other than CFJC
None

Other Funding Amounts

If you checked that you receive funding from these entities on an annual basis, please provide the amount of each.

Character Limit: 250

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