

2024 FALL Community Impact Grants

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

Request Amount: \$25,000

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

PROGRAM INFORMATION

Program Summary*

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

Character Limit: 5000

Persons Served By Program*

Please provide an estimate on the # of persons that will be served by this program and indicate if the program targets a specific population or demographic and why.

Character Limit: 1000

CFJC Funding Alignment*

Referring to the CFJC Funding Target Areas for the Community Impact Grant Cycle listed in the Grant Guidelines - please explain which target area(s) this program aligns with and how the CFJC funding this program will help tell a story of community impact.

Character Limit: 5000

Program Impact*

Please mark all that apply to the program/project you are requesting funds for:

Choices

- New Service/Program
- Existing Service/Program
- Infrastructure or Capital Campaign
- Program Serves a New Demographic
- Expands Service to a New Geographic Area
- New Way of Addressing a Community Problem
- Equity-Centered Strategy

Program Intended Impact Narrative*

Please provide a brief summary of the intended impact of this program and how you will measure the success of the program.

Character Limit: 5000

Funds Expenditure*

Please provide either an attachment or a budget narrative below which details how this \$25,000 grant will be utilized.

Note: Please review the items the CFJC does not fund, which can be found in the grant guidelines.

Character Limit: 2000 | File Size Limit: 5 MB

Collaboration*

Please indicate any nonprofit and/or private partners in this project with a brief description of the partnership.

Character Limit: 2500

Leveraged Funding*

Leveraging this grant for additional revenue to support the program is encouraged. Please indicate whether or not you plan to leverage this funding for additional gifts, grants, etc. and how you plan to do so.

Character Limit: 5000

Other Funding Sources*

Please check if you receive funding from these entities in a normal year:

Choices

- Federal Government
- State Government
- County Government
- City Government
- United Way Partner Agency
- Other Funder/Foundation
- None

Additional Funding Sources Information

If you indicated funding from any of the sources above, please please provide an estimate of the % of your annual revenue comes from each source.

Character Limit: 5000

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