

# 2025 Fall Community Impact Grants

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*Community Foundation of Johnson County*

## **ORGANIZATION INFORMATION**

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Please ensure you have read the Grant Guidelines fully prior to completing this application.

### **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*

**First Time Applicant\***

Is this your organization's first time applying for monies from the Community Foundation of Johnson County? (This question is for data collection purposes only and will not influence your opportunity to receive grant funding.)

**Choices**

Yes

No

**Johnson County Nonprofit Alliance Engagement\***

Please indicate which Johnson County Nonprofit Alliance Resources your organization has utilized within the past 12 months (This question is for data collection only and will not impact your opportunity to receive grant funding.)

**Choices**

Education Session(s)

Peer Group Session(s)

Book Club

Community Calendar

Career Center

Nonprofit Resource Directory

"The Connection" E-Newsletter

None

## *APPLICATION BASIC INFORMATION*

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**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  
Other Johnson County community not listed above  
Solon  
Swisher  
Tiffin  
University Heights

## PROGRAM INFORMATION

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### 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 provide an estimate of the % of your annual revenue comes from each source.

*Character Limit: 5000*

## 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*