

2026 Spring Capacity Building 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

Funds Requested

Maximum request amount: \$2,500

Character Limit: 9

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

Solon

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

IMPLEMENTATION PLAN

Grant Capacity Focus Area*

Please select the focus area your grant request best fits.

Reminder: Refer to the Grant Guidelines for focus area descriptions and examples of funding.

Choices

Infrastructure
 Marketing/Promotional Items
 Software/Technology

Grant Request Summary*

Please provide a brief description of your request - how will grant funds be used to support capacity building for your organization?

Character Limit: 2500

Capacity Building and Sustainability*

Please provide a short narrative of how these funds will increase your organization's capacity and/or sustainability to better serve your mission.

Character Limit: 2500

Funds Expenditure Upload*

Please upload a grant budget indicating how the grant dollars will be spent. Include line items and the total amount. If the project budget is more than the requested grant amount, please indicate which line items will be funded by the grant.

Example:

Item	Quantity	Cost per Item	Total
New laptop computer	2	\$1,000	\$2,000
Webcam	10	\$50	\$500
		TOTAL:	\$2,500

The budget can be in a Word document, PDF, downloaded Google Sheets, or Excel file.

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

Grant Implementation Timeline*

Please indicate your proposed timeline for implementation of the grant. General dates such as weeks/months may be used if specific dates are not established. Estimated timeframes are permissible. Grant funds should be expended by December 31, 2026.

Example:

June 2026 - Purchase subscription of Mailchimp

July 2026 - Train marketing staff on utilization of software, build marketing communications plan

August 2026 - Begin sending monthly e-newsletters to constituents & tracking metrics

Character Limit: 2500

Grant Impact*

What do you anticipate the impact of this grant, if funded, will be on your organization? If possible, please provide any metrics/measurables for success.

Character Limit: 2500

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