Langhorne Leadership Development Grants

Community Foundation of Johnson County

Organization Information

Organization Name*
Character Limit: 100

Organization EIN Number
Character Limit: 100

Organization Mailing Address*
Street, City, State, Zip
Character Limit: 5000

Organization Mission Statement*
Character Limit: 2000

Organization Focus Area*
Arts/Culture/Humanities: museums, historic preservation, etc.
Education: schools (all ages), adult learning programs, etc.
Environment/Animals: environmental protection, beautification, animal-related issues, etc.
Health: general, rehabilitative, preventative, mental, etc.
Human Services: basic needs resources, youth development, social supports, etc.
Public/Societal Benefit: public protection/safety, community improvement, volunteerism, etc.

Choices
Arts/Culture/Humanities
Education
Environment/Animals
Health
Human Services
Public/Societal Benefit

Populations Served*
In an effort to assist with data collection around our grantmaking processes, 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 the program or project this grant will support.

Please check the boxes of populations PRIMARILY served. 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

Fiscal Sponsorship Agreement

If you answered "yes" to the above question, please upload the sponsorship agreement.

File Size Limit: 5 MB

Application Basic Information

Request Name*

Name of Project/Program

Character Limit: 100

Funding Requested*

How much funding are you requesting? (Max. $5,000)

Character Limit: 20

Geographic Area Being Served*

Please 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

Project/Program Description*

Please provide a brief description of the leadership development project/program you are requesting funding to support.

Character Limit: 2500

Persons Served by Program*

Please provide a brief summary of the individuals who will be served by the program - how many, what age group, etc. (Individual names are not necessary!)

Character Limit: 2500

Project/Program Timeline*

Please provide a brief summary of the timeline of the project/program. For example:
    January - Applications for Participation
    February - Pre-Conference Communications
    March - Conference
    April - Post-Conference Reflections

Character Limit: 2500

Project Budget*

Please include either a description or attachment (Excel, Word, or PDF file) with the overall project budget - please indicate how the grant monies will be utilized.

If you upload a document and do not have additional description, please type N/A or None in the Text Box for the system to allow submission.

Character Limit: 2000 | File Size Limit: 5 MB

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 program/project. (Ex. social media post sharing, connection to other nonprofits, educational session/training, post on our nonprofit community calendar, etc.)

Character Limit: 500

Additional Information

Is there any additional information you wish to share with the Granting Committee about your need?

Character Limit: 500

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 given in this application, the organization will return them to the CFJC in a timely manner.

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 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 constitutes an electronic signature.

Name (Authorized Representative)*

Character Limit: 150

Title*

Character Limit: 50

Date*

Character Limit: 10