



Grant # _____ (For Foundation Use)

1217 North Sixth Avenue, Suite 3

(515) 462-1891

tom@madisoncountydevelopment.com

Please submit the original and 16 copies of the four-page application (plus any attachments requested, or you deem necessary) to The Foundation. (The application will not be considered unless copies are submitted.)

The application deadline is 4:00 PM, March 26, 2021.

Project Title: Earlham Swimming Pool Deck Replacement

Organization Information

Name of organization: City of Earlham

Legal name (as listed with IRS) (If different from above): _____

Organization Address: 140 S. Chestnut Avenue, PO Box 518, Earlham, Iowa 50072

Employer Identification Number (EIN): 42-6004617

Phone 515-758-2281 Fax 515-758-2810 Website earlhamcityhall@mchsi.com

Name of contact person regarding this application: Mary Sue Hibbs

Relation to organization: City Clerk/Treasurer

Phone: 515-758-2281 E-mail: earlhamcityhall@mchsi.com

If your organization is not an IRC 501(c)(3) you must have a fiscal sponsor that is either a 501(c)(3) or 170 (c)(1) organization. (Applications submitted without fiscal sponsor will not be considered.) See page 4.

Organization: _____

Total Cost of Project: \$15,000 **Amount Requested:** \$15,000

Overview

Brief Description of Organization: Municipality

Brief Description/Explanation of Project: To replace discolored street light globes to enhance the look and appeal of our Downtown area.

Type of Request (check one): Capital Based or Program Based.

Program Based: Operational, activity, general programmatic support.

Capital Based: The building of or physical improvement of something.

Project Focus Area (check one):

Arts/Culture/Humanities Human Services Education Environment/Animals

Public/Society Benefit Health Other

Have you received funding from The Foundation previously? ____ Yes ____ No

If yes, when? _____

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The Greater Madison County Community Foundation

Are you requesting for the continuation of a previously funded Foundation project? Yes No.
If yes, please indicate reason. _____

What is your accounting year? July to June

Describe your organization's charitable purpose, program activities, and population served:
Population as of 2010 Census 1450

List any major changes that have taken place in your organization in the last two years.

Briefly describe your organization's local history and major accomplishments.

Request Summary

Describe the proposed project, including the goals and objectives. Discuss the community need for the project, the benefit(s) for the community as a result of the project and the community support for the project and any other information you deem to be significant. (Attach a single sheet if necessary.)

The Earlham Swimming Pool was built in 1970, and has seen little to no major upkeep since that time. Over the years, the cement deck surrounding the pool has cracked and has become a safety hazard. Last year public works employees filled the cracks with caulking, which temporarily solved the problem. Of course, with the freezing and thawing over the winters, this issue just continues to get worse. Earlham is anticipating installing a new pool shell in the FY 2023. Adding the new decking now will be a huge start to that project.

Indicate desired impact and how you will measure and evaluate the results of the project. Be specific regarding community needs/issues your project will address.

The Swimming Pool is a major source of entertainment for the children of Earlham. Installing new decking now will help keep the pool open and guarantee safe summers of fun for our patrons for years to come.

Considering the availability of project funding, describe your timeline for the project including expected start and completion dates. Fall of 2021 or Spring of 2022. Project will take two weeks.

Population served (estimated #): 1450

Project Budget
Expenses

Source	Amount
Land Purchase	\$
Professional Services	\$
Construction Costs	\$15,000
Equipment Purchase	\$
Construction Supplies	\$
Training Costs	\$
Personnel Costs	\$
Other Expense	\$

Total: \$15,000

Income

Source	Amount
Sponsor Cash	\$
Federal Gov. Grants	\$
State Gov. Grants	\$
Private Foundations	\$
Sponsor In-Kind*	\$
Private In-Kind*	\$
County Foundation	\$
Other Income	\$15,000

Total: \$15,000

(Should equal cost of total project.)

***In-kind gift:** when a foundation or other entity contributes a good or service in lieu of providing monetary grants. In-kind contributions support the daily operations of an organization.

Approval Agreement from Applicant Organization

We approve submission of this grant request and certify that the purpose of this request is charitable and that any funds received from the Community Foundation will be used solely for the project stated in this application.

Board Chairman or designated representative: _____

(Signature required)

Printed name of Chair, or representative: _____

Date: _____

Applications are due March 26, 2021.

Please deliver to:

Foundation Office
C/O Madison County Development Group
1217 North Sixth Avenue, Suite 3
Winterset, Iowa 50273

Applications will not be accepted electronically.

Thank you!

Questions should be directed to the Foundation Administrator (515) 462-1891 or Foundation President Jerry Parkin at 515-344-8497.

Continued

If organization applying is not a 501 (c)(3) this form must accompany the grant application.

Fiscal Sponsorship Agreement

Date: _____

Fiscal Sponsor (Legal Applicant): _____

Fiscal Sponsor Contact Person and Email: _____

Fiscal Sponsor Full Mailing Address: _____

Sponsored Organization Conducting Requesting Funding: _____

Project Name: _____

_____ (hereafter referred to as **The Sponsor**) has agreed to serve as a fiscal/program sponsor for the _____ (hereafter referred to as the **Sponsored Org.**) as outlined in the attached application and supporting materials.

The Board of Directors of **The Sponsor** has passed a resolution adopting the **Sponsored Org.'s** project as a program or project consistent with the **Sponsor's** purpose and mission. The **Sponsored Org.'s** financial activities will be accounted for as a program of **The Sponsor** for IRS auditing and financial reporting purposes.

Since the **Sponsored Org.** is not recognized by the IRS as a charitable tax-exempt entity, **The Sponsor** must exercise full control over the **Sponsored Org.'s** financial administration, management and disbursement of funds resulting from this grant application. **The Sponsor** has delegated _____ (name of person/s) as responsible for fulfilling of these accounting and reporting functions subject to the ultimate authority of the Board of Directors of **The Sponsor**.

The Sponsor is responsible for ensuring completion of timely reports and submission of necessary financial statements to the Community Foundation's Administrative Office (contact info below). Failure to insure timely reporting on behalf of the **Sponsored Org./Sponsor** will also result in a loss of good standing.

This agreement will be in effect from the date of a grant award to support the above-named project until the grant funds are expended and the final report has been submitted and accepted.

We agree to the terms stated above in this agreement:

Legal Applicant/ Fiscal Sponsor Representative Signature: _____

Printed Name: _____ **Date:** _____

Sponsored Organization Representative Signature: _____

Printed Name: _____ **Date:** _____

**Attach to this agreement the Fiscal Sponsor's 501(c)(3) Tax-Exempt Determination Letter or comparable proof of charitable exemption. (i.e., a letter from a City, confirming their status as a government entity. Contact our Administrative Office with questions, or for examples of a letter from a City.) **

Definitions/Explanations

Fiscal Sponsor: is an organization that is receiving the money on behalf of the grant applicant and is responsible for disbursing the money for the project and maintaining appropriate documentation. This entity must be a 501(C)(3) or a 170 (c)(1) unit of government in order to serve in this capacity. A fiscal sponsorship agreement must accompany the grant application if a fiscal sponsor is being used. Organizations must be recognized by the Internal Revenue Service as tax-exempt, nonprofit, public charities under section 501(c)(3) or as a "unit of government" under Section 170(c)(1) to receive grant funding. A 501(c)(3) is a section of the Federal Tax Code, which establishes the criteria for tax-exempt charitable organizations. Section 170(c)(1) refers to agencies that conduct activities to benefit the public at large, like public schools, state universities, public libraries and volunteer fire departments.