



PO Box 71367  
Clive, Iowa 50325  
clivecommunityfoundation.org

### Grant Application Part I

#### 3 Core Focus Areas:

Quality of Life Initiatives- support for public art, parks and trails and educational programming

Health & Wellness- food assistance, nutrition education and health management resources

Community Collaboration- partnering with civic organizations, neighboring cities and foundations, and other non- profits that share our mission.

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<b>Project Title</b>	<b>Date Submitted</b>
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<b>Name of Organization</b>	<b>Legal name (as listed with IRS)</b>
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<b>Organization Address</b>	<b>City, State, Zip</b>	<b>Employer Identification Number (EIN)</b>
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<b>Phone</b>	<b>Website</b>	<b>IRS 501(c) (3) or (4) or (6) or 170b (indicate)</b>
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<b>Name and title of contact person regarding this application</b>	<b>Phone</b>	<b>Email</b>
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Name and title of fiscal agent contact person (if different than above) Phone      Email

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Physical Address of fiscal agent contact (If your organization is neither an IRS © (3) or (6) or 170b you MUST have a fiscal agent.)

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Total Cost of Project    Total requested from CCF    %of matched funds    Clive population served  
Type of Request (check one) \_\_\_\_\_ Capital Based\*    \_\_\_\_\_ Special Project

\*Capital Based: The building or of physical improvement of something

\_\_\_\_\_ Ongoing Program

Project Focus Area (check as many as apply as stated above)

\_\_\_\_\_ Quality of Life    \_\_\_\_\_ Community Health    \_\_\_\_\_ Community Collaboration

In no more than 3 sentences describe your organization.

In no more than three sentences describe the project for which you are requesting funds.

**Grant Application Part 11**

**Describe the proposed project in detail, including goals and objectives**

**How does this project support CCF's mission?**

**Specifically how does the project/program advance one or more of CCF's core focus areas?**

**Discuss the community need for the project, the benefits for the community as a result of the project and the community support of the project?**

**Will this project take place within the City of Clive? If not, state the percentage of the program which will take place within city boundaries?**

**Include the target population and the expected number of people you will serve.**

**How would or does this project/program include community partners? How would project/program raise the visibility of CCF and the community of Clive?**

**In the first question you described the project goals and objectives. How will you measure the impact of the project and if the goals and objective were reached?**

**What is your timeline for your project?**

**Project Budget:** Please itemize the items needed to complete the project and their costs. Also show the source and amount of the funds used to cover the cost. This should include the amount of your request from the Clive Community Foundation as well as other funders.

<b>INCOME</b>	<b>Source</b>	<b>Amount</b>
Sponsor Cash		
Federal Gov. Grants		
Polk County or State Grants		
Private Foundations		
Sponsor In-Kind		
Private In-Kind		
Other Income		
CCF Request		

**TOTAL:** \_\_\_\_\_

<b>EXPENSES</b>	<b>Source</b>	<b>Amount</b>
Land Purchase		
Professional Services		
Construction Costs		
Equipment Purchase		
Construction Supplies		
Training Costs		
Personnel Costs		
Other Expenses		

**TOTAL** \_\_\_\_\_

### **Part III**

**Approval from Applicant Organization:**

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

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**Signature of Applicant**

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**Date**

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**Print name of Applicant**

### **Part IV**

#### **Attachments**

**Please attach the required attachments in the order given:**

- 1. Copy of IRS Federal Income Tax Exempt Letter**
- 2. List of Board of Directors**
- 3. Other items such as bids or estimates**

**This application may be submitted by email or by mail with three copies mailed to:**

**Clive Community Foundation  
PO Box 71367  
Clive, Iowa 50325**

**Email: [clivecommunityfoundation@gmail.com](mailto:clivecommunityfoundation@gmail.com)**