## **Cover Sheet**

Use this form to collect information only.

Final application must be submitted on-line at [www.okbojifoundation.org](http://www.okbojifoundation.org)

**Application Deadline: March 1st**

|  |  |  |
| --- | --- | --- |
|  | Yes |  |

Did you read the Okoboji Foundation Grant Guidelines found on the Foundation website at

<https://okobojifoundation.org/grant-application/>

Do you have an unpaid grant outstanding with the Okoboji Foundation? If

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  |  |

you don't know, please feel free to contact the Foundation office at 712-332-7177.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of application:  |  | Application submitted by: |  |

**ORGANIZATIONAL INFORMATION**

|  |  |
| --- | --- |
|  |  |
| Name of organization  | Legal name (as listed with IRS) |
|  |  |
| Organization Address  | City, State, Zip | Employer Identification Number (EIN) |
|  |  |  |
| Phone | *Fax* | *Web site* |
|  |  |  |  |
| Name of contact person regarding this application  | Phone | E-mail  |  |
| Type/Amt. of funding sought (**circle one**): | **Community Needs Grant:***Requests of $500 - $24,999* | **Amount Requested:** | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Leadership Grant:***Requests of $25,000 or more* | **Amount Requested:**  | \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
|  |  |  |  |
| Project focus (circle all that apply): | Arts & Culture | Lake Quality & Environment | Outdoor Experiences & |
|  | Other \_\_\_\_\_\_\_\_\_ |  | Recreation |
| Is your organization an IRS 501(c)(3) not-for-profit?  |  | Yes |  | No |
| If no, is your organization a 170b unit of government? |  | Yes |  | No |
| *If no*, you must have a fiscal sponsor. Please list name, address, phone and fiscal sponsor contact person: |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  | Applicant’s EIN number |

**REQUEST SUMMARY**

|  |
| --- |
| Name of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provide a **2-3 sentence** **summary** of your grant project request and impact it will make.  *This* ***concise*** *description of the project you seek to fund is used during our review and fund allocation process.* (maximum word count: 100) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Total project cost  | $ |  | Amount requested from Okoboji Foundation | $ | % of total cost requested from Okoboji Foundation |  %  |

Estimated number of people directly served by **this project** annually \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Target Demographic(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project completion date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Mission Statement**Please provide your organization’s mission statement. (Max word count=150) |

**RECOGNIZED NEED**

|  |
| --- |
| **Prioritized Needs, Possible Points = 10**Does your project address one or more of the Top 4 focus areas of the Okoboji Foundation: Arts & *Culture, Economic Development, Lake Quality & Environment, or Outdoor Experiences & Recreation*? If so, what specific need does your project meet and why is it important? (Max word count=150) |
| **Project Description & Goals, Possible** **Points = 10**Provide the issue and/or opportunity addressed by your project along with project goals, objectives and timeline. (Max word count=250) |

**BENEFICIAL PARTNERSHIPS**

|  |
| --- |
| **Partnerships,** **Possible** **Points = 5**Is there community support (volunteer and financial) for this project? Are you collaborating with any other nonprofits for this project? (Max word count=175) |
| **Funds from other sources, Possible** **Points = 15**Why are dollars needed from the Okoboji Foundation (vs. your own budget and/or individual donors)? What other funding sources will participate or are being sought? What funds have been raised to date? (Max word count=200) |
|  |

ORGANIZATION BUDGET

**Possible** **Points = 15**

Name of organization that will administer this grant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the Total Organization's Budget for the current fiscal year $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may attach a budget narrative with further explanation of Organizational Budget if necessary.

### INCOME

|  |  |  |
| --- | --- | --- |
| **Source** |  | **Amount** |
| Support |  |  |
| US, County, or City Government Grants |  | $ |
| County Endowment Funds or other Foundations |  | $ |
| Corporations |  | $ |
| Community Campaigns (i.e. Good Neighbor Fund) |  | $ |
| Individual contributions |  | $ |
| Fundraising events and products |  | $ |
| Membership income |  | $ |
| In-kind support |  | $ |
| Investment income |  | $ |
|  |  |  |
| Revenue |  |  |
| Government contracts |  | $ |
| Earned income (service fees, ticket sales, etc.) |  | $ |
| Other (specify) |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  |  |
| **Total Income** |  | **$** |
|  |  |  |

### EXPENSES

|  |  |  |
| --- | --- | --- |
| **Item** |  | **Amount** |
| Salaries and wages  |  | $ |
| Insurance, benefits and other related taxes |  | $ |
| Consultants and professional fees |  | $ |
| Building loan payments, rent |  | $ |
| Utilities |  | $ |
| Equipment, supplies |  | $ |
| Advertising, marketing |  | $ |
| Telephone, internet, communication costs |  | $ |
| Postage, shipping, delivery |  | $ |
| Printing and copying |  | $ |
| Travel |  | $ |
| Depreciation |  | $ |
| In-kind expenses |  | $ |
| Other (specify) |  | $ |
|  |  | $ |
|  |  |  |
| **Total Expense** |  | **$** |
| **Difference (Total Income less Total Expense)** |  | **$** |

**Comments or additional information for review and consideration of your organizational budget:**

Project Budget

*Include revenues and expenses for this project proposal only.*

***Revenue needed to fund project***

*Include revenues and expenses for this project proposal only. The line items include in the income section may not all apply to your proposal. Please list at 0.*

### INCOME

|  |  |  |
| --- | --- | --- |
| **Source** |  | **Amount** |
| Support |  |  |
| Other foundation or government grants |  | $ |
| Sponsorships |  | $ |
| Community Campaigns (i.e. Good Neighbor Fund) |  | $ |
| Contributions |  | $ |
| Fundraising events & activities |  | $ |
| Membership income |  | $ |
| In-kind support |  | $ |
| Investment income |  | $ |
|  |  |  |
| Revenue |  |  |
| Government contracts |  | $ |
| Earned income |  | $ |
| Other (specify) |  | $ |
| **Amount you request from Okoboji Foundation** |  | **$** |
| **Total from income sources for project** |  | **$** |

***Expenses/costs associated with project***

*Please fill lines in Expense Section with specific cost of items needed to complete your project. You may also attach a budget narrative explaining Project Expense/Cost items in more detail.*

### Project Expense/Cost

|  |  |  |
| --- | --- | --- |
| **Item** |  | **Amount** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
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|  |  | $ |
|  |  | $ |
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|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Expense** |  | **$** |

How much is being asked of the Okoboji Foundation in relationship to total project cost (percentage of total cost?) \_\_\_\_\_\_\_\_\_\_\_%

**Comments or additional information for review and consideration of your project budget:**

**LASTING POSITIVE IMPACT**

|  |
| --- |
| If your project receives only partial funding from the Okoboji Foundation, how will this affect your ability to compete the project? (Max word count= 100) |
| **Past Grant Recipient** Has your organization received other grants from the Okoboji Foundation in the past? If yes, please provide brief description of prior project(s) funded. |
| **Widespread Community Involvement/Economic Development, Possible Points = 15**How many people will directly benefit from this project annually? Will your project bring visitors to the area or provide community resources attractive to prospective employees to impact economic development? Will this project promote widespread community use, foster volunteer participation & citizen involvement? (Max word count=350) |
| **Ongoing Funding, Possible Points = 5**If the project is expected to continue beyond the grant period, describe plans for ensuring continued funding ie: maintenance/upkeep. (Max word count = 150) |
| **Lasting Positive Impact, Possible Points = 15**What is the lasting positive impact of your project? What is the estimated “life expectancy” of project, equipment or facility based on industry standards for replacement? (Max word count=350) |
| **Visual Recognition & Point of Pride**, **Possible Points = 10****How** and **where** will the Foundation receive clear visual recognition for our partnership in your project? (Max. word count=175) |

**REQUIRED ATTACHMENTS**

**Your original application MUST include one copy of each item listed below.**

|  |  |  |
| --- | --- | --- |
|  |  | Copy of latest Federal IRS Tax-exempt status letter |
|  |  | List of Board of Directors and their affiliations [Jo Smith – physician; serves on A & B Boards] |
|  |  | Signed ‘Letter of Intent’ to act as a *fiscal sponsor* – only if you are not 501(c)3 or 170b status |
|  |  | Signed Applicant Board Approval [below] |

**Applicant Organization Board Approval**: We approve submission of this grant request and certify that monies received from the Okoboji Foundation will be used solely for the project stated in this application.

|  |  |  |
| --- | --- | --- |
|  |  |  |

*Board Chairman Signature Date*

|  |
| --- |
|  |

*Print or Type Board Chairman Name*

**Please** limit attachments to 3 pages or less; no letters of support. Submit **1 copy** of your complete application.

You may email application to info@okobojifoundation.org or mail to: *Okoboji Foundation, PO Box 593, Okoboji IA 51355*

Questions? Please call 712.332.7177 or email info@okobojifoundation.org