



Clarinda Community Foundation

Application for

SWIAPPP Mini Grant – Youth Asset Building

INSTRUCTIONS:

1. Deadline for Youth Asset Building applications is **Nov. 1, 2010**; applications must be delivered or postmarked by that date.
2. Organizations applying must be non-profit charitable, educational or governmental operating within a 15-mile radius of Clarinda.*
3. This application can be completed on your computer and printed for delivery to the Clarinda Foundation. Add other sheets for additional information and for pre-printed information such as board of directors and financial statements.
4. Submit the completed grant application to the Clarinda Foundation, 114 East Washington St., P.O. Box 273, Clarinda, Iowa 51632, or by e-mail to clarindafound@iowatelecom.net.

Organization Name: _____ Date: _____

Type of organization: _____ Iowa non-profit corporation _____ Government _____ School
_____ 501(c) (3)*

**If you are a 501(c)3 organization, be sure the Clarinda Foundation has a copy of your determination letter.*

PROJECT INFORMATION

Project Title: _____

Project Description: _____

_____ (use additional sheet if necessary)

Timeline for project _____

Describe how this project will promote asset building among out youth: _____

_____ (use additional sheet if necessary)

How will this project be continued/sustained: _____

_____ (use additional sheet if necessary)

Total cost of project (attach project budget): \$ _____

Amount requested from SWIAPPP Mini Grant: \$ _____

List amounts requested/received from other sources:

(1) \$ _____ from _____

(2) \$ _____ from _____

(3) \$ _____ from _____

How will you precede with the project if you do not receive this grant?

____ Use other funds ____ Seek other funds ____ Delay the project ____ Not do the project

____ Other/explain: _____

_____ (use additional sheet if necessary)

YOUR ORGANIZATION

Contact Person/ Title: _____

Address: _____

City, State, Zip _____

Phone: (_____) _____

Email: _____ Website: _____

Describe your organization, its mission, its purpose: _____

Attach:

1. Detailed project budget including income and expenses.
2. Information about your proposal that might not have been addressed in the space above.

(Two signatures of officers of your organization required)

Signature of organization officer

Position

Date signed

Signature of organization officer

Position

Date signed