



### **THE CLARINDA FOUNDATION, INC.**

The Clarinda Foundation, Inc., organized in 1986, is a publicly supported, tax-exempt “community foundation” and grant-making organization. We are dedicated to cultivating philanthropic resources that nourish a healthy and vital community for all people of the greater Clarinda area – today, tomorrow, and forever.

### **WHAT YOU NEED TO KNOW BEFORE COMPLETING OUR 2021 GRANT APPLICATION**

- **Who is Eligible?**

- 501(c)(3) tax-exempt, not-for-profit organizations.
- Component units of government organizations (*Fire Dept., City & County Parks, etc.*)
- Organizations providing services within the greater Clarinda area.
- Entities operating and organized in compliance with applicable laws prohibiting discrimination.

- **We look for projects that:**

- Address significant community issues.
- Present innovative, creative and practical proposals which build on community strengths.
- Develop the leadership potential of the community.
- Involve the people served in the planning and implementation of the program.
- Provide a plan for sustainability beyond the funding period.
- Capital projects that impact a significant number of community residents.

- **Projects considered for funding should address needs in one or more of these areas:**

- Arts/Culture/Humanities
- Community Betterment
- Education
- Health/Human Services
- Recreation/Environment

- **What We DO NOT Fund:**

- Ongoing project support and operating support
- Annual campaigns
- Budget deficits
- Individuals
- Recurring expenses
- Religious purposes – this does not exclude grants to religious organizations for non-religious purposes.
- Reimbursement of expenses incurred or paid prior to the approval of the grant application.

- **How Much Can be Funded?**

- The Clarinda Foundation has no set project application maximum, but does prefer that the dollar amount requested for the project is matched dollar for dollar by the applicant. The size of the grant will not be as important as the potential impact of the proposed project for the community

- **Evaluation Criteria:**

- Benefit to residents of the greater Clarinda area.
- Number of residents who will be affected.
- Success of past grants to your organization.
- Completeness of Application.
- Identification of needs and how funds will address the needs.
- Collaborative relationships and matching funds (leverage).
- Monetary involvement of application principals.
- Clarity and measurability of project's goals.
- Feasibility of the time frame given for completion of the project.
- Demonstrative of ability to provide matching funds.

- **Grant Recipients' Responsibilities:**

- Grantees receiving grants must sign an **Agreement Form** indicating their willingness to use the funds awarded for the purpose requested, to file a final evaluation, to give the Clarinda Foundation credit on all media release, to allow the Foundation to use information or pictures of their project on the website or similar promotions and to waive any portion of the grant monies not used for the designated purpose.

- **Grant Process Due Diligence:**

- The Clarinda Foundation requires proof of paid receipts showing payment of expenses, including photographs of completed projects before any grant funds shall be released to the organization. It is expected that all projects will be completed by May 31, 2022. Projects not completed within this timeline are required to contact the Foundation and request in writing an extension of time accompanied by an explanation of what difficulties you are experiencing AND a new project completion date. The Foundation Board will take the extension request under consideration prior to making their final decision to either approve or deny the request.
- Projects not started by **May 31, 2022** will forfeit their grant monies.

- **Miscellaneous**

- The 2021 Grant submission deadline is **June 1, 2021 by 3:00 PM at the Clarinda Foundation office.**
- Concerns or questions regarding the application process should be directed to Beckie T. Finch/Executive Director at 712-542-4412 or via email at [clarindafoundation@clarindafoundation.com](mailto:clarindafoundation@clarindafoundation.com).



## **2021 Grant Application Instructions**

### **Checklist/Instructions:**

- Cover Page has been completed, including contact information and Federal Tax ID number
- Description of Organization and Brief Overview of Project have been completed
- List of Board Members
- All Questions of Purpose have been answered
- Organization's 2021 Budget has been included
- Copy of most recent CPA audit, financial statement or tax return (IRS 990 Form)
- Project Budget detail has been included
- Written estimates and bids should be included if available
- No handwritten copies shall be accepted. This application can be completed on your computer and printed for delivery to the Clarinda Foundation. Additional sheets may be included and all additional required information shall be included (i.e., pre-printed information such as board of directors and financial statements).
- Do NOT put applications in binders, notebooks or other presentation packages and do NOT staple the application
- Applications may be hand delivered to the Foundation office no later than 3:00 PM on June 1, 2021 or received via US Mail postmarked no later than May 31, 2021.
- Copy of the organizations 501(c)(3) IRS Determination letter is submitted with the grant application
- Fiscal Sponsorship Agreement completed if a fiscal sponsor is being utilized

### **Definitions/Explanations**

**What is a Fiscal Sponsor?** A Fiscal Sponsor is an organization that is receiving the money on behalf of the grant application and is responsible for disbursing the money for the project and maintaining appropriate documentation. This entity must be a 501(c)(3) or a component 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 component unit of government 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. Component units of government are agencies that conduct activities to benefit the public at large, like public schools, cities, public libraries, and volunteer fire departments, etc.

**NOTE:** CHAMBER BOARDS, ECONOMIC DEVELOPMENT BOARDS, PUBLIC LIBRARIES, FIRE DEPARTMENTS, COUNTY EXTENSION, COUNTY CONSERVATION, FAIR BOARDS, ETC. ARE AMONG THOSE THAT REQUIRE A FISCAL SPONSOR. IN THESE CASES, THE CITY OR THE COUNTY BOARD OF SUPERVISORS MAY BE USED AS A FISCAL SPONSOR.

**IT IS IMPORTANT THAT YOU READ THE ATTACHED GUIDELINES FOR GRANT MAKING FOR ADDITIONAL DETAILS**

**CLARINDA FOUNDATION, INC.  
2021 Grant Application**

<b>Cover Page</b>	
Is your organization an IRS 501(c)(3) not-for profit? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, then you must have a fiscal sponsor to proceed with this application.	
A. Name of Organization Requesting Grant:	
B. Federal Tax Identification Number of Organization (EIN – This number <u>does not</u> provide non-profit status):	
C. Organization Address:	
D. Organization Contact Person & Title:	
E. Contact Person’s Phone & Email Address:	
F. <u>If applicable</u> : Name of Fiscal Sponsor Supporting this Organization’s Grant Application:	
H. <u>If applicable</u> : Fiscal Sponsor’s Contact Information ( <u>Name</u> , <u>Phone</u> and <u>Email Address</u> ):	
Name: _____ Address: _____ Email: _____	
<b>Project Title:</b>	
<b><u>Total Cost of Project:</u></b> \$ _____	<b><u>Amount Requested from the Foundation:</u></b> \$ _____
Project Focus Area (check one):  <input type="checkbox"/> Arts/Culture/Humanities <input type="checkbox"/> Community Betterment <input type="checkbox"/> Education <input type="checkbox"/> Health/Human Services <input type="checkbox"/> Recreation/Environment	
Description of Your Organization (list the year organized, accomplishments, charitable purpose, program activities):     	

## CLARINDA FOUNDATION, INC.

### Request Summary

Describe the proposed project, including the goals and objectives. Discuss the community need for the project, the benefits for the community as a result of the project and the community support for the project.

Population Served (estimated # of people) \_\_\_\_\_

Are any **Matching Funds** being used for this specific project?     Yes     No

If yes, what percentage of total funds raised are matched dollars? \_\_\_\_\_

Outline other resources or partners identified to assist with the project; other funding secured, applied for and proposed for the project:

Has your Organization previously received funding from the Clarinda Foundation?     Yes     No

If Yes, what year(s)?

What Project(s)?

## CLARINDA FOUNDATION, INC.

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

What is the timeline for this project?

In order to be considered for funding, your application **MUST** include the following items:

- Copy of latest Federal IRS Tax-exempt status letter
- List of Board of Directors
- Copy of most recent CPA audit, financial statement or tax return (IRS 990 Form)
- Organization's Budget (You may provide your already prepared organization budget that contains this information, please feel free to submit it in its original form and attach a budget narrative explaining your numbers if necessary.) If you don't have this please complete the "Organization Budget" form included within this application. Include a current Balance Sheet.
- Project Budget
- Signed Fiscal Sponsorship Agreement (if applicable)
- Signed Applicant Board Approval Agreement (see below)

**Board Approval from Applicant Organization:**

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

**Print Name**

**Signature**

**Date**

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**Board Chairman/President**

## CLARINDA FOUNDATION, INC.

### Organization Budget

If you already have a prepared organization budget that contains this information, you may submit it in the original form. You may attach a budget narrative explaining your numbers if necessary.

Organization Budget for the period of \_\_\_\_\_ to \_\_\_\_\_.

#### INCOME

<u>Source</u>	<u>Amount</u>
<i>Support</i>	
Government Grants	\$ _____
Foundations	\$ _____
Corporations	\$ _____
Individual Contributions	\$ _____
Fundraising Events & Products	\$ _____
Membership Income	\$ _____
 <i>Revenue</i>	
Government Contracts	\$ _____
Earned Income	\$ _____
Other (Specify)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Income:

#### EXPENSES

<u>Item</u>	<u>Amount</u>
Salaries & wages	\$ _____
Insurance, Benefits & Other Related Taxes	\$ _____
Consultants & Professional Fees	\$ _____
Travel	\$ _____
Equipment	\$ _____
Rent & Utilities	\$ _____
Membership Income	\$ _____
General Operating	
Other (specify)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Expense</b>	<b>\$ _____</b>
<b>Balance (Income less Expense)</b>	<b>\$ _____</b>

## CLARINDA FOUNDATION, INC.

### Project Budget

#### INCOME SOURCES

<u>Source</u>	<u>Amount</u>
2021 Clarinda Foundation Grant Request	\$ _____
Other Pending Funders (name/s)	\$ _____
	\$ _____
Other Confirmed Funders (name/s)	\$ _____
	\$ _____
Funds on hand	\$ _____
Fundraising projects:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

#### EXPENDITURES – PROVIDE DETAILS OF PROJECT COSTS

<u>Items</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Expense</b>	<b>\$ _____</b>
<b>BALANCE (Income less Expense)</b>	<b>\$ _____</b>

At this time the Clarinda Foundation does not allow for an in-kind contribution in order to meet the matching requirement. However, we do encourage involvement by the volunteers. If applicable, please include a note about the number of volunteers you expect to have involved, as well as the number of hours and type of work anticipated.



CLARINDA FOUNDATION, INC.

<b>FISCAL SPONSORSHIP AGREEMENT (IF APPLICABLE)</b>
<b>Date:</b>
<b>Fiscal Sponsor (Legal Applicant):</b>
<b>Fiscal Sponsor Contact Person and Email Address:</b>
<b>Fiscal Sponsor Full Mailing Address:</b>
<b>Sponsored Organization Conducting Project:</b>
<b>Project Name:</b>
<p>_____, the Fiscal Sponsor as noted above, hereinafter referred to as <b>The Sponsor</b>; has agreed to serve as a Fiscal Program Sponsor for the _____, the Sponsored Organization as noted above, hereafter referred to as the <b>Sponsored Org.</b> as outlined in the attached application and supporting materials. The Board of Directors of <b>The Sponsor</b> has passed a resolution adopting the <b>Sponsored Org.</b>'s project as a program or project consistent with <b>The Sponsor</b>'s purpose and mission. The <b>Sponsored Org.</b>'s financial activities will be accounted for as a program of <b>The Sponsor</b> for IRS auditing and financial purposes.</p> <p>Since the <b>Sponsored Org.</b> is not recognized by the IRS as a charitable tax-exempt entity. <b>The Sponsor</b> must exercise full control over the <b>Sponsored Org.</b>'s financial administration, management and disbursement of funds resulting from this grant application. <b>The Sponsor</b> has delegated _____, the person responsible for fulfilling of these accounting and reporting functions subject to the ultimate authority of the Board of Directors of <b>The Sponsor</b>. <b>The Sponsor Org.</b> is responsible for ensuring completion of timely reports and submission of necessary financial statements to the Clarinda Foundation's Administrative Office (contact information noted below). Failure to ensure timely reporting on behalf of the <b>Sponsored Org./Sponsor</b> will also result in a loss of good standing.</p> <p>This Agreement will be in effect from the date of the grant award to support the above-named project until the grant funds are expended and the final report has been submitted and accepted.</p> <p>We agree to the terms above in this agreement.</p>
<u>Print Name</u> of Fiscal Sponsor Representative (Legal Applicant): _____
<u>Signature</u> of Fiscal Sponsor Representative (Legal Applicant): _____ Date: _____
<u>Print Name</u> of Sponsored Organization's Representative: _____
<u>Signature</u> of Sponsored Organization's Representative: _____ Date: _____
<p><b>**Attach to this agreement the <u>Fiscal Sponsor's 501(c)(3) Tax-Exempt Determination Letter</u> or comparable proof of charitable exemption (i.e., a letter from a City, confirming their status as a government entity.</b></p>