



Story County Community Foundation facilitates and promotes private giving through the establishment of endowments, acts as a resource for nonprofit endowment building, and awards grants for the betterment of Story County.

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## Major Grant Application

Applications must be submitted electronically by 5:00p on June 30, 2023.

Organization: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Number of Volunteers: \_\_\_\_\_

Organization Mission: \_\_\_\_\_

Contact person for this application: \_\_\_\_\_

Position in organization: \_\_\_\_\_

Applying agency address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Type of applying organization: ☐ 501(c)(3) non-profit organization

☐ local government: type \_\_\_\_\_

Federal tax identification number of organization: \_\_\_\_\_

Fiscal sponsor information is only needed if different than the applying organization.

Name of fiscal sponsor (if different than applying organization): \_\_\_\_\_

Federal tax identification number of fiscal sponsor: \_\_\_\_\_

Fiscal agency address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

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## PROJECT OVERVIEW

Project name: \_\_\_\_\_

Amount requested from SCCF: \$ \_\_\_\_\_

Total cost of project: \$ \_\_\_\_\_

Estimated number of Story County residents who will be impacted by this project: \_\_\_\_\_

Matching funds (if any): \$ \_\_\_\_\_

Brief description of the project including how grant dollars from the Story County Community Foundation will fit into the project (in 200 words or less): \_\_\_\_\_

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 ☐ Education ☐ Environment/Animals ☐ Health  
☐ Human Services ☐ Community/Public/Society Benefit ☐ Other

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## PROJECT NARRATIVE

(Projects should be completed by August 31, 2024)

1. Describe the need or problem being addressed by this project and the population to be served: \_\_\_\_\_
2. Describe the project goals, objectives, and projected results. Describe the steps you will follow to achieve goals and objectives, complete with timeline: \_\_\_\_\_
3. Will this project have a long-term impact? How will this project be sustained? \_\_\_\_\_
4. Will you be collaborating with other community partners on this project? If yes, include partner letters of commitment to this project. \_\_\_\_\_

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## PROJECT BUDGET

Attach any project quotes or other pertinent budget information. Do not include your organization's budget for other projects. Matching funds, if applicable to your project, are funds that will be contributed only if an equal amount of money is obtained from another source, such as SCCF.

Major Budget Items	Cost	In-Kind Funding (name)	Matching Fund	SCCF Funding Request
Example: wheelchair	\$900		\$300	\$600
TOTAL			TOTAL	

### Funding Sources

Secured: Example: \$300 match from XYZ Foundation
Applied for:
Other relevant information about potential funding sources:

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## CONSIDERATION FOR A COMMUNITY GRANT

If this application is **not chosen** to receive a Major Grant, would you like your project to be considered for a Community Grant of up to \$6,000? ☐ Yes ☐ No

If yes, please answer the following:

1. Amount that would be requested from SCCF: \$ \_\_\_\_\_ (\$6,000 maximum)
2. What portion of the project would you request funding for? Give details specific to only this portion of the project: \_\_\_\_\_
3. Budget detail for Community Grant consideration.

Major Budget Items	Cost	In-Kind Funding (name)	Matching Funds	SCCF Funding Request
Example: wheelchair	\$900		\$300	\$600
TOTAL			TOTAL	

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## Funding Sources

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Applied for:

Other relevant information about potential funding sources:

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## APPLICATION SUBMISSION

Please include:

- a copy of current IRS Exemption Letter for the 501(c)(3) status of the Internal Revenue code (or that of the fiscal sponsor) or documentation of status as a charitable project of a governmental agency
- the grant application form
- list of the organization's Board of Directors with contact information and email addresses
- letters of commitment from partners collaborating on this project
- letters of support are not required, but often can make a powerful statement regarding need.

**Please submit your completed application in one PDF packet to [storycounty@storycountyfoundation.org](mailto:storycounty@storycountyfoundation.org)**

The project representative certifies that he/she is authorized to represent the organization applying for a grant and that the information contained in the application is accurate. He/she agrees that if a grant is awarded to the organization:

- the grant will be used for the purpose outlined in the grant award letter and may not be expended for any other purpose without prior written approval from the Story County Community Foundation
- the Story County Community Foundation has received nothing of material value in exchange for the grant.
- Information about the organization and the grant may be used by the SCCF in any published material.

\_\_\_\_\_  
Authorized Project Representative

\_\_\_\_\_  
Date

Printed name: \_\_\_\_\_