

West Central Iowa Healthcare Foundation
P. O. Box 204
Manning, Iowa 51455
Telephone: 712-655-3624
Email: wcihf@longlines.com

GRANT APPLICATION COVER SHEET
GENERAL PURPOSE GRANTS

Please submit six complete copies of your application to the Foundation at the above address. Complete applications consist of this cover sheet and all required attachments. This cover sheet must be completed; reference to attachments is not sufficient.

1. Name of Applicant _____

2. Address _____ Phone (____) _____
Street/Post Office Box City, State Zip County

3. Legally affiliated organization (if any) _____

4. Contact person (name and title) _____
(person responsible for providing additional information, if necessary)

5. Phone (____) _____ Address _____
(provide only if different from organization address, above)

6. Applicant's Employer I.D. Number _____

7. Geographic area served by organization _____

8. Organization type: 501(c)(3) Tax-Exempt _____
(Check one) Unit of Government _____
Neither of the above, please specify _____

9. Name of project/program for which funds are requested: _____

10. PROJECT FUNDING –

A. Total Cost of Project/Program \$ _____
(Cost of the project/program for which funds are being requested.)

B. Funds Available \$ _____
(Cash or pledges raised for the project/program to date.)

C. Amount Requested \$ _____
(Amount requested from the West Central Iowa Healthcare Foundation.)

D. Balance Needed \$ _____
(Subtract amounts on Line B and C from amount on Line A.
This is the amount needed to complete the project if grant is
Approved as requested.)

11. Submitted by: Authorized Representative's Name and Title _____

By my signature below, I certify that the above information is correct and that I am authorized by the governing board of this organization to submit this grant application to the West Central Iowa Healthcare Foundation.

Authorized Representative's Signature _____

Date Application Submitted _____

See "Grant Application Guidelines" For List of Required Attachments

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GRANT APPLICATION GUIDELINES FOR GENERAL PURPOSE AND SMALL GRANTS

In order to ensure that every application receives fair consideration, the West Central Iowa Healthcare Foundation requires all applicants to submit certain information about their organization, the project or program for which funds are being requested, and how the project or program is being funded. Listed below are the items of information that the Foundation requires of all applicants whether they are applying for a General Purpose Grant or for a Small Grant. Please submit six copies of your application collated and stapled in the following order:

- Application Cover Sheet, properly signed.
- Agency Information: Narrative description of the organization requesting funding, including its programs, the source of its operating funds, the people it serves, a brief history, and an explanation of the organization's long-range plans.
- Program or Project Information: Narrative description of the project or program for which funds are requested.
- Governing Board Information: A list of current board members of the organization with addresses and telephone numbers.
- IRS Determination:
Copy of Internal Revenue Service determination letter conferring 501(c)(3) tax-exempt status (not required for organizations that are entities of government).

Copy of the applicant's most recent Form 990 IRS tax return (not required from 501(c) (3) organizations that have annual revenue under \$25,000, or from entities of government).
- Financial Information: A copy of the applicant's most recent audited financial statement (if no audit has been performed, please call the Foundation for instructions).

NARRATIVE DESCRIPTION OF PROJECT OR PROGRAM FOR WHICH FUNDS ARE REQUESTED

The seven items listed above are quite straightforward, but Item Three, "Narrative Description of Project or Program" requires further explanation. This is the most important section of your application, and it is critical that you provide enough information to enable the Foundation to give your request full consideration. Listed below are several types of projects and the information that our Grants Review Committee expects to receive for each type of request. Since the Foundation receives requests from a wide variety of organizations for an even wider variety of projects and programs, it may be that some of the points listed below do not apply to your project or program. It can be anticipated that applicants for "Small Grants" will not need to provide as much detail about their proposed project as requests for "General Purpose Grants", but reviewing the following lists may still be helpful in preparing a "Small Grant" proposal. If you are not sure whether you should supply some of this information, please call the Foundation Director at 712-653-3624 for clarification. Providing all of the requested information about your project will maximize your chances of success.

INFORMATION REQUIRED FOR ALL PROJECT AND PROGRAM TYPES

- A narrative description of the project or program for which you are requesting funding.
Please include a discussion of the target population, need, and geographic area served.
State the project or program goals and objectives and the desired outcomes.
Include any letters of support.
- A project timeline or schedule. Please include when you began fundraising, the duration of the project or program, and when it will be concluded.
- A detailed, itemized project budget (for the amount entered on Line 10 (A) of the Application Cover Sheet)
- An itemized list of the cash contributions and pledges you have already received for your project or program (for the amount entered on Line 10 (B) on Application Cover Sheet). Please identify major donors, the amount committed by each, and the date the cash gift or pledge was received. If you are including in-kind donations of products or services, please specify.
- A description of how the funds requested from the West Central Iowa Healthcare Foundation (the amount entered on Line 10(C) on Application Cover Sheet) will be used.
- If the amount on Line 10 (D) on the Application Cover Sheet is greater than zero, please describe where you expect to find the balance of the funds needed to complete your project or program; include the other foundations and corporations to which you have submitted requests (and the status of those requests), and the foundations or corporations you plan to approach in the future.
- If you are using fundraising consultants who are not on your permanent staff, please list their name and address and describe your fee arrangement with them.
- If the request is for program or operations funding, what will happen at the end of the proposed grant period?
- If funds are requested for the purchase of property, furnishings or equipment, will your organization hold sole title in the future? If you plan to transfer ownership to another organization, please explain.
- Please describe your staff and their qualifications for the work as it relates to your proposed project or program.

ITEMS TO INCLUDE IF REQUESTING FUNDING ASSISTANCE FOR THE PURCHASE OF EQUIPMENT, FURNISHINGS OR PROPERTY

- Please explain why the purchase is necessary for your organization.
- Attach a list of the items to be purchased and the price of each.
- Include the name and address of the seller, if known.
- Have you solicited competitive bids?
- If you are replacing old equipment, what will be done with the old equipment?

**ITEMS TO INCLUDE IF REQUESTING FUNDING ASSISTANCE FOR
CONSTRUCTION OF A NEW BUILDING**

- Do you own the site? If not, who does? Under what arrangement will you use the site?
- Explain why only new construction will meet your need. Did you consider using an existing structure?
- What will be the size in gross square feet and finished square feet?
- What is the current status of the project? Did you seek competitive bids? Is the design complete? Is the building under construction? When do you expect it to be complete and ready for use?
- Do you have a project architect/engineer? If so, please state the name of the architect/engineer and the name of the firm (if any) and include the address and telephone number.

**ITEMS TO INCLUDE IF REQUESTING FUNDING ASSISTANCE FOR
PURCHASE, RENOVATION OR REMODELING OF AN EXISTING BUILDING**

- Do you own the building? Since when? If you recently acquired the building, did you purchase it or was it donated?
- Please describe the work you plan to do on the building.
- What is the current status of the project? Is the design complete? Did you seek competitive bids? Are the improvements under construction? When do expect the work to be complete and the building ready for use?
- What is the size of the building, both in gross square feet and finished square feet?

REMARKS

In addition to providing the information outlined above, please add any other pertinent facts about your project that you believe would be helpful to the Grants Review Committee and the Board of Directors in their review and decision process. The Foundation Director is available daily, Monday through Friday, 8:00 a.m. to 4:30 p.m., to answer any questions you may have about the West Central Iowa Healthcare Foundation grant making process.

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