

**CLINTON COUNTY DEVELOPMENT ASSOCIATION  
GRANT APPLICATION FORM  
FUND B**

PROJECT TITLE \_\_\_\_\_

AMOUNT APPLIED FOR (MAXIMUM \$75,000) \$ \_\_\_\_\_

**NOTE:** Responses for items with the exception of items # 14 & # 15 must be limited to the space available on this form. Applications submitted in any other forms will not be accepted.

1. NAME OF APPLICANT: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

3. CONTACT PERSON(S): \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
DAY EVENING OTHER

4. ELIGIBILITY - UNDER WHICH SECTION (**ATTACH IRS LETTER**) \_\_\_\_\_

5. FEDERAL I.D.# \_\_\_\_\_ DATE ORGANIZED \_\_\_\_\_

**MAXIMUM GRANT REQUEST PER PROJECT - \$75,000.**

6. PROVIDE A BRIEF STATEMENT REGARDING YOUR ORGANIZATION'S PURPOSE AND ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. DOES THIS PROJECT ENHANCE ECONOMIC GROWTH IN CLINTON COUNTY (IF SO HOW)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20 Pts.

8. TO WHAT EXTENT DOES THIS PROJECT BENEFIT CLINTON COUNTY CITIZENS AND ENHANCE THE QUALITY OF LIFE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20 Pts.

9. DOES THIS PROJECT FULFILL AN UNMET EDUCATIONAL, CIVIC OR SOCIAL SERVICE NEED IN CLINTON COUNTY (IF SO, HOW)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20 Pts.

10. DOES THIS PROJECT ENHANCE/OR ENCOURAGE TOURISM IN CLINTON COUNTY (IF SO, HOW)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20 Pts.

11. GIVE A SPECIFIC DESCRIPTION OF THE PROJECT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. ARE THERE ANY UNIQUE ELEMENTS, WHICH SHOULD BE CONSIDERED IN RELATION TO THIS PROJECT? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
13. STATE SOURCE OF ADDITIONAL FUNDS AND AMOUNTS NECESSARY TO COMPLETE THIS PROJECT. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
14. PLEASE ATTACH DETAILED PROJECT BUDGET WITH PROJECT QUOTATIONS WHEN APPLICABLE.
15. PLEASE ATTACH A PHOTO OF LINE DRAWING OF PROJECT WHEN AVAILABLE.
16. HOW WILL THE CCCDA BE RECOGNIZED FOR ITS CONTRIBUTION? (I.E. PLAQUE, RECOGNITION CEREMONY, NEWS RELEASE) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
17. IF THIS REQUEST CAN BE BROKEN DOWN INTO PARTS, PLEASE PRIORITIZE THOSE PARTS AS SEPARATE ITEMS AND STATE THE DOLLAR AMOUNT REQUESTED. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PROJECT FINANCIAL INFORMATION

<u>PROJECT COSTS</u>		<u>FUNDS AVAILABLE</u>	
CONSTRUCTION/RENOVATION	\$ _____	CASH ON HAND	\$ _____
EQUIPMENT	\$ _____	PLEDGES CONFIRMED	\$ _____
FURNISHINGS	\$ _____	IN-KIND MATERIALS	\$ _____
CONTINGENCY	\$ _____	FINANCING	\$ _____
INTEREST EXPENSE	\$ _____		
WORKMANSHIP	\$ _____		
OTHER	\$ _____		
<b>A - TOTAL PROJECT COST</b>	<b>\$ _____</b>	B - TOTAL AVAILABLE	\$ _____
		C - BALANCE REQUIRED	\$ _____
		(A MINUS B)	
		D - GRANT REQUEST	\$ _____

WE CERTIFY WE MEET ELIGIBILITY REQUIREMENTS AS STATED IN THE CLINTON COUNTY DEVELOPMENT ASSOCIATION FUNDING ALLOCATION POLICY.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

**INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED  
 SEND (4) COPIES OF APPLICATION WITH ALL REQUIRED ATTACHMENTS AND (6)  
 ADDITIONAL COPIES OF COMPLETED APPLICATION FORM AND BUDGET TO:  
 CLINTON COUNTY DEVELOPMENT ASSOCIATION  
 PO BOX 2061, CLINTON, IA 52733-2061**

NOTE: The scope of the project may not change without Clinton County Development Association action and may need to be re-applied for during another grant period.

# CLINTON COUNTY DEVELOPMENT ASSOCIATION

## FUND B GRANT APPLICATION CHECKLIST

- \_\_\_\_\_ The applying organization and project are located within Clinton County.
  - \_\_\_\_\_ All blanks on the application have been completed.
  - \_\_\_\_\_ Answers have been provided for items 7 through 10. Note: These are the items by which the application is scored. An Answer of No or N/A results in a score of 0.
  - \_\_\_\_\_ A total of 10 Copies of the application including a detailed budget must be submitted. 4 of the 10 copies need to include all required attachments. Send to: Clinton County Development Association, PO Box 2061, Clinton, Iowa 52733-2061 or deliver to 721 S 2nd St, Clinton, Iowa 52732.
  - \_\_\_\_\_ Project includes 25% matching funds. In-kind contributions of labor or land do not qualify as matching funds. Example: For a \$100,000 project, the applicant may request up to \$75,000 in funding and must have \$25,000 in matching funds. For a \$60,000 project, the applicant may request \$45,000 in funding and must have \$15,000 in matching funds.
  - \_\_\_\_\_ If Organization is described in IRS Code Section 501(c )(3):copies of IRS letter must be attached to 4 copies of the application.
  - \_\_\_\_\_ All applications must be submitted in the form provided or they will be disqualified.
- All applications must be submitted in the form provided and returned by the second Tuesday in July or they will be disqualified.