

# **Polk County Community Development Grant Policy**

## **Purpose**

The Polk County Board of Supervisors wishes to provide grant opportunities to enhance community service projects and the quality of life within Polk County. The awards are made possible and funded by rental income received by Polk County from the operation of Prairie Meadows Racetrack and Casino.

## **Definition**

Community Development Grants are funding opportunities for local service organizations seeking financial assistance in excess of \$5,000 for projects or programs. To be eligible for a Community Development Grant, the applicant organization must have an Internal Revenue Service designation as being non-profit entity. Any request for grant funds below \$5,000 should be made through the Community Betterment Grant process.

## **Procedures**

The Polk County Board of Supervisors has established a formal application process to administer the Community Development Grants. These procedures are also designed to assure proper use of grant funds.

- 1) Application Process
  - a. Community Development Grant Application Instructions are provided in the packet.
  - b. Community Development Grant Application Form shall be completed and returned to the Grant Administrator.
  - c. Community Development Checklist Narrative contains additional requirements and information.
  - d. Grant Administrator may determine that a site visit is conducted to evaluate organizations project.
  - e. Written report provided to Board of Supervisors by Grant Administrator detailing grant request, application information and site visit results.
  - f. Consideration by Board of Supervisors.
- 2) Organizations receiving funding will be subject to a formal written grant agreement.
- 3) A Grant Reporting Form shall be submitted by the organization receiving a Community Development Grant within 90 days of the expenditure of funds. Audited financial statements will be required. Small organizations may submit unaudited statements.
- 4) Monitoring of grants shall be the responsibility of the Grant Administrator, Budget Officer, and the Polk County Auditor's Office.

## **Application Period**

The Community Development Grant Program will be administered on a quarterly cycle beginning on July 1<sup>st</sup> each year. Grant applications will be accepted during the first month of the quarter. Site visits, reports and Board presentations will be completed during the second and third months of the quarter. Awards will be granted to successful applicants following approval by the Polk County Board of Supervisors at the end of the quarter.

## **Grant Calendar**

*Applications accepted: July, October, January and April*

*Site visits and reports: August/September, November/December, February/March, May/June*

*Grant Awards Determined by Board of Supervisor: September, December, March and June*

## Polk County Community Development Grant Program FY 2011/2012 Application Instructions

The Polk County Board of Supervisors is pleased to offer this unique funding opportunity to community service organizations throughout Polk County. The Polk County Community Development Grant Program was designed to provide grants for non-economic development requests. This grant funding is designed to enhance community service projects and the quality of life within Polk County.

Polk County Community Development Grants (CDG) are funded from profits received by Polk County from the operation of the Prairie Meadows Racetrack and Casino. These grants provide another opportunity for the Board of Supervisors to return casino profits to our community. Unfortunately, due to the tremendous number of requests received and the uncertainty of gaming profits, it is impossible for the Board to approve every request.

Grants are awarded on a year-by-year basis and **organizations should not rely solely upon these funds for ongoing operational programs. Due to legal restrictions, Iowa Code § 331.901(5), organizations under ecclesiastical or sectarian management are not eligible for Polk County's CDGs.**

### FY 2011/2012 Grant Schedule

1. Applications may be submitted in the months of July, October, January and April.
2. Completed applications and one copy of all supporting documentation should be submitted to:

Polk County Board of Supervisors  
Attn: Community Development Grant Program  
Polk County Administration Building  
111 Court Avenue, Room 300  
Des Moines, Iowa 50309  
515-286-2272  
515-323-5225 (fax)

3. The Board of Supervisors will review all applications to determine awards.
4. Awards may be subject to a presentation by the applicant at a Board of Supervisors staff discussion meeting and finalized by official action by the Board of Supervisors.
5. Awards will be made on a reimbursable basis. Agencies will submit a summary of expenses incurred and requests for reimbursement on a monthly basis. Polk County will remit payment within 30 days. By exception, a grant may be provided in advance of the expenditures being incurred.
6. All grant recipients must provide the Board with a completed copy of the Grant Reporting Form. Reports are due 90 days after funds are fully expended.

Thank you for your interest in the Polk County Community Development Grant Program.

If you have any questions regarding the program, please contact the Board of Supervisors' Office.



*Polk County Mission: Polk County exists to serve the public. We are committed to service excellence, fiscal responsibility and enhancing the quality of life. We will be the most effective, productive, and responsive local government in Iowa.*

**Community Development Grant Application**

**Organization:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Federal Tax Identification Number:** \_\_\_\_\_  
**Internal Revenue Service Designation:** \_\_\_\_\_

(Due to legal restrictions, organizations under ecclesiastical or sectarian management are not eligible for Polk County Community Development Grants.)

**Contact Individual: Title:** \_\_\_\_\_

**Fax: Telephone: E-Mail:** \_\_\_\_\_

**Requested Amount: \$** \_\_\_\_\_ **Total Project/Program Amount: \$** \_\_\_\_\_

Attach additional sheets/information as necessary. 1.

Is your organization under ecclesiastical or sectarian management or control, as specified in Iowa code 331.901 (5)?

*“A county officer or employee shall not appropriate, give, or loan public funds to or in favor of an institution, school, or object under ecclesiastical or sectarian management or control, §331.901(5).”*

Yes \_\_\_ No \_\_\_

2. Organization mission statement:
3. Describe the project/program for which support is requested:
4. Dates and length of project/program:
5. Describe the goals of the program and target beneficiaries:
6. Describe how the program/project will be evaluated, the impact desired and the methods used to demonstrate measurable change:
7. Is the project consistent with Polk County’s strategic planning initiatives or mission statement? (supply brief explanation)
8. Is the proposed activity an innovative response to a problem? (supply brief explanation)
9. Does the project address a documented need? (supply brief explanation)
10. List other financial and non-financial participants supporting this program and indicate level of support (name and amount):
11. Does the project involve broad community participation? (supply brief explanation)
12. Is the application supported by and is a collaboration of several organizations or diverse ethnic groups? (please list)
13. Presuming that there are similar services, what other groups provide similar programming?
14. Has your Organization previously received financial support from Polk County within the last three years? If yes, please indicate when and amount:
15. Provide a basic budget for your project/program for which funding is requested:

**Expenditures:**

<b>Salaries and benefits:</b>	\$ _____	_____ % of budget
<b># of Employees covered by above amount</b>	_____	
<b>Fundraising expenditures:</b>	\$ _____	_____ % of budget
<b>Amount expended directly on participants:</b>	\$ _____	_____ % of budget
<b>Equipment/furnishings:</b>	\$ _____	_____ % of budget
<b>Capital infrastructure expenditures:</b>	\$ _____	_____ % of budget
<b>Other: _____</b>	\$ _____	_____ % of budget
_____	\$ _____	_____ % of budget
<b>Grand Total:</b>	<b>\$ _____</b>	

**Revenues:**

<b>Polk County Request</b>	\$ _____	_____ % of budget
<b>Other Public Contributors</b>	\$ _____	_____ % of budget
<b>Private Contributors</b>	\$ _____	_____ % of budget
<b>Individual Donations</b>	\$ _____	_____ % of budget
<b>Fundraising Activities</b>	\$ _____	_____ % of budget
<b>Other: _____</b>	\$ _____	_____ % of budget
_____	\$ _____	_____ % of budget
<b>Grand Total:</b>	<b>\$ _____</b>	

16. What percentage of the total budget does this grant funding represent?

17. Does your firm engage an external auditing firm? Yes \_\_\_ No \_\_\_

18. Are there related parties?

*Iowa law prohibits self-dealing by members of the County Board of Supervisors or by county employees. "An officer or employee of a county shall not have an interest, direct or indirect, in a contract with that county". §331.342 Code of Iowa. Does the applicant have a family or business connection to the members of the Board of Supervisors, to their immediate family or to any County employees?*

Yes \_\_\_ No \_\_\_ If yes, please describe.

19. If grant funding is received, by what date will funds be expended? \_\_\_\_\_

20. Funds will be reimbursed based upon documented expenditures.

Name, Title, Phone and Email Address of Responsible Party:

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Phone/Email Address

In addition to completing the application information, please include the following information with your proposal:

1. Proof of IRS designation (letter from IRS, first page of Form 990).
2. Names and business affiliation of the organization's officers and board of directors, length with the organization and frequency of directors meetings.
3. Information about the organization including funding history and completed projects.
4. Previous year's Grant Reporting Form where applicable.

**SUBMIT APPLICATION TO:**

Polk County Board of Supervisors  
Attn: Community Development Grant/Loan Program  
Polk County Administrative Office Building  
111 Court Avenues – Room 300  
Des Moines, Iowa 50309  
Phone: (515) 286-2272  
FAX: (515) 323-5225

I understand that by submission of this application for grant funding, the Board of Supervisors has the right to require additional written conditions regarding this grant should funding be awarded.

Should I receive Polk County funding and the monies are not used for the intended stated purpose as outlined in this application, or funds are not used in their entirety for the intended stated purpose, I understand that it is a requirement of this grant award that funds be returned to Polk County.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date Submitted

Contact: Board of Supervisors  
515-286-3120  
Adopted: 6/27/06  
Revised: 8/17/10