



**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: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ 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:**

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

**Revenues:**

Polk County Request	\$ _____	_____ % of budget
Other Public Contributors	\$ _____	_____ % of budget
Private Contributors	\$ _____	_____ % of budget
Individual Donations	\$ _____	_____ % of budget
Fundraising Activities	\$ _____	_____ % of budget
Other: _____	\$ _____	_____ % 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 Avenue – 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