



**Polk County
Community Betterment Grant Application**

Organization: _____

Address: _____

Federal Tax Identification Number: _____

Internal Revenue Service Designation: _____

Contact Individual: _____

Title: _____ Telephone: _____

Fax: _____ E-Mail: _____

Requested Amount: \$ _____ Total Project/Program Amount: \$ _____

Questions 2-9 cannot be completed on-line. Please attach an additional sheet of paper.

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

Yes _____ No _____

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

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. List other financial and non-financial participants supporting this program and indicate level of support:

8. Are there other organizations providing similar programming?

9. Has your Organization previously received financial support from Polk County? If yes, please indicate when and amount:

10. Provide a basic budget for your project/program which funding is requested:

Expenditures:

Salaries and benefits:	\$ _____	_____ % of budget
Administrative Expenses:	\$ _____	_____ % of budget
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

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
Grand Total:	\$ _____	

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

1. Latest audited financial statements.
2. Names and business affiliation of the organization's officers and board of directors, length with the organization and frequency of directors meetings.

SUBMIT APPLICATION TO:

Polk County Board of Supervisors
 Attn: Community Betterment Grant Program
 Polk County Administrative Office Building
 111 Court Avenue - Room 300
 Des Moines, Iowa 50309

Phone: (515) 286-2272
 FAX: (515) 323-5225

STATEMENT OF DISCLOSURE AND INTENT

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 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