



This application must be received by the United Fund of Iowa County no later than the 2nd Monday in January.

The United Fund of Iowa County, Inc. is a not-for-profit 501(c) (3) organization that operates with a volunteer Board of Directors and citizen volunteers. There is no paid staff. Our primary mission is to solicit, obtain, and disburse funds to support the charitable needs of the Iowa County area.

The funds you are applying for are **Restricted Funds**. They must meet our Application Guidelines and Tips and cannot be used for anything other than the purpose for which they are awarded.

Section A:

REQUEST FOR FUNDING

1a. Name of Organization

1b. Amount Requested: \$_____

2. Address (Street, City, State, and Zip Code):

3. Name and Title of Person Completing this Request:

4. Telephone and Email of Person Completing this Request:

5. Website (if applicable):

6. Name and Email of Chief Executive Officer/President (if applicable):

7. Federal Identification Number (if applicable):

8. What is the overall mission of your organization?

9. Classification (Check only ONE)

- | | | |
|---|--|---|
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Food and Shelter | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Elder Services | <input type="checkbox"/> Health and Dental Care | <input type="checkbox"/> Youth Activities |
| <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Libraries and Literacy | <input type="checkbox"/> Other
(Explain) |
| <input type="checkbox"/> Family and Community
Services | <input type="checkbox"/> Social and Cultural
Services | |

10. All applicants must provide proof of non-profit status by attaching one of the following:

- ☐ Articles of Incorporation
 - ☐ Charter
 - ☐ IRS Letter of Determination – 501 (c) (3)
 - ☐ Certificate of Exempt Status (CES) and Tax Exempt Number
 - ☐ Other – Provide Explanation
-

11. United Fund of Iowa County does not discriminate in programs or services.

Does your organization practice non-discrimination? _____ YES _____ NO
(Civil Rights Act does not allow United Fund to distribute funds to non-compliant applicants)

Section B:

Describe your Program, Project, or Event in the spaces below. Be specific and complete in your answers. DO NOT LEAVE ANY SECTIONS BLANK.

12. What is the title of your project/event?

13a. Which group of Iowa County residents will be served? (Examples: Youth, Low-Income, Elderly, Disabled, Etc.)

b. Approximately, how many unduplicated Iowa County residents will be served?
_____. What percentage of the total number served is this? _____

c. Which municipality(ies) will be served? _____

14. List your **specific** purpose/goal(s) for the Project, Program or Event (Examples: Purchase of equipment, training, providing scholarships/services, etc.)

15. What **specific** affect/change may this project have on the recipient(s) or community?

16. What will your timeline be for this Project, Program, or Event from beginning to end?

17. How will you know your Project, Program, or Event was successful?

18. What will be your plan for publicizing the United Fund award for this Project/Program or Event?

19. Complete Project, Program, or Event Budget: Include all funding and expenses. **Ineligible expense** items for UFIC funds include: Endowment or Savings Account deposits, New Construction, Personnel & Fringes, Space/Building Rental, Structural/Building Improvements.

Item	United Fund Amount Requested	Other Funds for Project	Total Project Cost
Office Supplies			
Travel			
Telephone			
Equipment *			
Contractors *			
Consultants *			
Other *			
TOTAL			
*Detail these items below			

20. If this application is funded, the check should:

a. be made payable to _____

b. be mailed to this address _____

21. The funds, if awarded, will be restricted – to be used solely for the purposes described in the grant.

- ☐ I understand I am required to submit the Proof of Spending Form by December 15th of this year.
- ☐ Any unused funds as of November 30th of this year will be returned to United Fund of Iowa County by December 15th of this year.
- ☐ I understand that the UFIC Board's decision is final and can not be appealed.
- ☐ I understand that if the person completing this request leaves this organization, that I must communicate to United Fund of Iowa County in writing/email, who the new "Person completing this Request" will be (name and email address).

I acknowledge this application is complete and accurate to the best of my ability.

Signature of Authorizing Official/Officer

Date

NOTE TO APPLICANT: All of the fields **MUST** be completed and all required attachments must be attached. The application **must** be signed. If any of these items are missing, your application cannot be considered for funding this year. Please double-check your responses before submitting your application.

The decision of the UFIC Board is final.

THANK YOU !!!!