

# BANCROFT COMMUNITY FOUNDATION, INC. GRANT APPLICATION

Applicant: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship of applicant to the Bancroft Community Foundation, Inc. board members \_\_\_\_\_

\_\_\_\_\_

Date of application: \_\_\_\_\_ Date of project: \_\_\_\_\_

Amount requested: \_\_\_\_\_ Date funds are needed: \_\_\_\_\_

Total cost of the project and how these grant funds will be used: \_\_\_\_\_

\_\_\_\_\_

Project description: \_\_\_\_\_

\_\_\_\_\_

How does this project fulfill the Bancroft Community Foundation's purpose of enhancing the quality of life in Bancroft:

\_\_\_\_\_

\_\_\_\_\_

Number of people who will benefit and how they will benefit with this project: \_\_\_\_\_

\_\_\_\_\_

Funding for grant applications with at least a 2 to 1 match will have priority over other applications. List other funding sources contacted/awarded (please identify any funds requested/received from each):

\_\_\_\_\_

\_\_\_\_\_

Would you like to make an oral presentation to the Foundation board? Yes \_\_\_\_\_ No \_\_\_\_\_

List any future Foundation request(s) expected (describe in detail). \_\_\_\_\_

\_\_\_\_\_

(Continued on back)

Please attach a complete or estimated budget for your project and any other pertinent documents to support your request. Applications must be received by the Bancroft Community Foundation, P.O. Box 53, Bancroft, IA 50517 at least 15 days prior to the board meeting at which it is to be considered. You will be notified of the Bancroft Community Foundation's decision following its meeting. Grant recipients understand they are responsible to arrange a picture and article in The Bancroft Register. Projects must be substantially completed within 12 months or you may submit a written request for an extension of up to 6 months. Grants will be paid out for the project upon receipt of invoices, proof of other funds received, and when the photo has been taken.

### CERTIFICATION

I hereby certify that the above information is true and correct and that I have the requisite authority from the above stated organization to submit this grant application on its behalf. I further acknowledge and certify that any funds granted by the Bancroft Community Foundation will be strictly and solely used for the purpose or activity described herein and that the funds will be returned to the Bancroft Community Foundation if not needed or cannot be used for the purpose as proposed in this application. I further agree that the organization will provide a full accounting, or any other disclosure as requested by the Foundation with respect to the use of the grant funds at the conclusion of the project, or in the case of an ongoing project, on an annual basis.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Name of organization: \_\_\_\_\_

By: (Signature) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Print name and address)

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This section to be completed by BCF.

Date received by BCF: \_\_\_\_\_

Date reviewed at BCF meeting: \_\_\_\_\_

Action taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Final invoices received?                    \_\_\_ Yes    \_\_\_ No

Proof of other funds received?            \_\_\_ Yes    \_\_\_ No

Picture taken for Bancroft Register ?    \_\_\_ Yes    \_\_\_ No

Date, amount, and check number when grant paid out: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_