



The Foundation for the Enhancement of Mitchell County
212 S. 5th Street, PO Box 306, Osage, IA 50461 641.732.4790 | mcedc@mcedciowa.com

FEMC Grant Application: OVERVIEW

Mission Statement: The mission of the Foundation for the Enhancement of Mitchell County is to foster private giving, strengthen service providers and improve the conditions of Mitchell County. To these ends, the foundation will promote endowment building, grant making, organizational collaboration, and public leadership for the benefit of the Mitchell County area.

What we support: The FEMC looks for projects that address significant community issues; present innovative, creative, and practical proposals which build on community strengths; develop the leadership potential of the community; involve the people served in the planning and implementation of the program; provide a plan for sustainability beyond the funding period; and capital projects that impact a significant number of county residents.

Eligibility to Apply for Funding:

- Tax exempt, non-profit entities classified by the IRS as 501(c) (3) or a 170 (b) governmental entity
- If not 501(c) (3), the NON-PROFIT organization must have a fiscal sponsor who will be legally & financially responsible
- One application per organization (Note: School projects should be submitted through their School Foundation)
- **Grant request maximum is \$10,000 with all grant requests over \$1,000 leveraging AT LEAST 25% of request.**

Examples:

- Total cost of project is \$1,000 – FEMC Grant request can be \$1,000
- Total cost of project is \$5,000 - FEMC Grant request can be \$3,750
- Total cost of project is \$10,000 – FEMC Grant request can be \$7,500
- Total cost of project is \$13,334 or more – FEMC Grant request can be \$10,000 (maximum request is \$10,000)

Note: Community based daycares, school foundations, and libraries are exempt from this requirement – they can request 100% of their project.

NEW! For grant requests of **\$3,000** or less there is an option to use the ***ONE PAGE APPLICATION**

***See FEMC One Page Grant Application for details.**

Application forms available on-line at:

<https://www.mcedciowa.com/financial-resources>

Application Deadline: Due by 4:00 p.m. on **September 17, 2025**

Have questions?

**Contact FEMC c/o Mitchell County Economic Development:
641.732.4790 / Email: mcedc@mcedciowa.com**

FEMC Grant Application: INSTRUCTIONS

Application forms available on-line at:

<https://www.mcedciowa.com/financial-resources>

Checklist/Instructions:



☐ **Grant Application Form** - Consists of:

- Cover Page
- Project Description
- Budget/Timeline/Board of Directors

*Can add one additional page if needed – **NO MORE THAN 4 TOTAL PAGES***

- **MUST BE TYPED:** Font = Times New Roman, Size = 12 pt
- **Sign application** – on bottom of cover page
- **Make 13 Paper Sets of *Application Form**
- **Paper clip each set** (*do not staple*)

☐ Attach 501(c) (3) and/or 170 (b) IRS documentation (only the 1st page is needed)

- ****Only one copy needed***

☐ Fiscal Sponsorship Agreement – *only **if** a fiscal sponsor is being used*

- Complete
- Sign
- ****Only one copy needed***

Definitions/Explanations

501 (c)(3) and 170(b): Organizations must be recognized by the Internal Revenue Service as tax-exempt, nonprofit, public charities under section 501(c)(3) or as a “unit of government” under Section 170(b) to receive grant funding.

501(c)(3) is a section of the Federal Tax Code, which establishes the criteria for tax-exempt charitable organizations.

Section 170(b) refers to agencies that conduct activities to benefit the public at large, like public schools, state universities, public libraries, and volunteer fire departments.

Fiscal Sponsor: is an organization that is receiving the money on behalf of the grant applicant and is responsible for disbursing the money for the project and maintaining appropriate documentation. This entity must be a 501(c)(3) or a 170 (b) unit of government in order to serve in this capacity. A fiscal sponsorship agreement must accompany the grant application if a fiscal sponsor is being used.

Capital Based: The building of or physical improvement of something

Program Based: Operational, activity, general programmatic support

SUBMIT FINAL PACKET:

- 13 Copies of Grant Application Form (please paper clip sets / do not staple)
- 1 Copy of 501(c)(3) and/or 170(b) IRS documentation
- 1 Copy of Fiscal Sponsorship Agreement, if needed

Mail or deliver completed application packet to: Mitchell County Courthouse (**basement office**)

FEMC c/o Mitchell County Economic Development Commission

212 South 5th Street

Osage, IA 50461

Application Deadline: Due by 4:00 p.m. on **September 17, 2025**

FEMC Grant Application: COVER PAGE

2025

Organization(s) conducting project: _____

Address: _____ City: _____ State: _____ Zip: _____

Organization/Project **Contact Person** Information:

Name: _____ Title: _____

Phone: _____ Email: _____

Federal tax identification number (EIN) of Organization(s): _____

Tax Status of Organization(s) - 501(c)(3) or 170(b), or other: _____

*If organization is not a 501(c)(3) or 170(b) a *Fiscal Sponsor is required*

Name of Fiscal Sponsor: _____ **Complete a Fiscal Sponsorship Agreement*

Project Title: _____

Short Description of Project (one sentence): _____

Total Cost of Project: \$ _____ Amount Requested from FEMC: \$ _____

Type of Request (check one):

- ☐ Capital Based: The building of or physical improvement of structures, purchase of equipment, computers, etc
or
☐ Program Based: Operational services, education, activities, general programmatic support, non-durable goods

Brief Description of Organization: _____

Have you ever received funding from us before? ☐ Yes ☐ No If Yes, what year was previous award received: _____

Signature of Authorized Project Representative _____ TITLE: _____ Date: _____

FEMC Cover Page

FEMC Grant Application: **PROJECT DESCRIPTION**

(Can add one additional page if needed)

Organization: _____

Project Title: _____

Please ANSWER the following questions regarding your proposed project:

1. Describe the project; make sure you describe how the project is an **ENHANCEMENT** to what your organization already does.

2. Describe the specific purpose for the FEMC grant funding.

3. Project Focus Area (check one):

☐ Environmental/Animal

☐ Public/Society Benefit

☐ Human Services

☐ Arts/Culture/Humanities

☐ Health

☐ Education

4. Describe how this **Focus Area** is being addressed by your project.

5. Detail **desired outcomes** and **measurable results** for this project.

6. Describe how **FEMC** will be **PUBLICLY recognized for their contribution**.

7. Is this a one-time project? ☐ YES ☐ NO, (see question 8)

8. If you answered NO to question 7, describe the long-term plan for sustainability of the project.

FEMC Grant Application: Budget/Timeline/Board of Directors

PROJECT BUDGET: List items, amount, and financial source for each item.

Circle if funds have been secured or if applied for under amount.

Budget Item
(Categorize project parts)

Source A:
Your Organization

Source B:
FEMC

Source C:

Source D:

Source E:

	\$ Secured	\$ Applying For	\$ Secured / Applied For	\$ Secured / Applied For	\$ Secured / Applied For
	\$ Secured	\$ Applying For	\$ Secured / Applied For	\$ Secured / Applied For	\$ Secured / Applied For
	\$ Secured	\$ Applying For	\$ Secured / Applied For	\$ Secured / Applied For	\$ Secured / Applied For
	\$ Secured	\$ Applying For	\$ Secured / Applied For	\$ Secured / Applied For	\$ Secured / Applied For
	\$ Secured	\$ Applying For	\$ Secured / Applied For	\$ Secured / Applied For	\$ Secured / Applied For
GRAND TOTALS:	\$ Secured	\$ Applying For	\$	\$	\$

*If you have more funding sources than room available above, you may add a sheet **Reminder – FEMC funding can not be more than 75% of total project

GRAND TOTAL of PROJECT (all funding / Sources A through E total): \$ _____

- Please list total amount of funding that has already been secured at the time of this application: \$ _____
- If the FEMC Board of Directors need to reduce the amount of your funding request by 25%, will this project proceed as planned? ☐ YES or ☐ NO

PROJECT TIMELINE

DATES:	Activities (include start date, key milestones, completion):
	Project Start
	Project Completion

ORGANIZATION BOARD OF DIRECTORS (list names and titles):

FEMC Grant: Fiscal Sponsorship Agreement

(Complete if applicable and submit only 1 copy)

Sponsored Organization Conducting Project: _____

Project Name: _____

Fiscal Sponsor Organization (Legal Applicant): _____

Fiscal Sponsor Information:

Address: _____ City: _____ State: _____ Zip: _____

Tax Status of Organization(s) - 501(c)(3) or 170(b), or other: _____

Federal tax identification number (EIN) of Organization(s): _____

*Fiscal Sponsor **Contact Person** Information:*

Name: _____ Title: _____

Phone: _____ Email: _____

The Fiscal Sponsor/Legal Applicant (listed above), hereafter referred to as **The Sponsor**, has agreed to serve as a fiscal/program sponsor for the **Sponsored Organization (listed above)** conducting project, hereafter referred to as the **Sponsored Org.** as outlined in the attached application and supporting materials. The Board of Directors of **The Sponsor** has passed a resolution adopting the **Sponsored Org.'s** project as a program or project consistent with the **Sponsor's** purpose and mission. The **Sponsored Org.'s** financial activities will be accounted for as a program of **The Sponsor** for IRS auditing and financial reporting purposes.

Since the **Sponsored Org.** is not recognized by the IRS as a charitable tax-exempt entity, **The Sponsor** must exercise full control over the **Sponsored Org.'s** financial administration, management and disbursement of funds resulting from this grant application. **The Sponsor** has delegated the **contact person (listed above)** as responsible for fulfilling these accounting and reporting functions subject to the ultimate authority of the Board of Directors of **The Sponsor**. **The Sponsor** is responsible for ensuring completion of timely reports and submission of necessary financial statements to the Community Foundation's Administrative Office: FEMC, 212 S. 5th St., Osage, Iowa 50461

Failure to ensure timely reporting on behalf of the **Sponsored Org., the Sponsor** will also result in a loss of good standing. This agreement will be in effect from the date of a grant award to support the above-named project until the grant funds are expended, and the final report has been submitted and accepted.

We agree to the terms stated above in this agreement

Fiscal Sponsor (Legal Applicant) Sponsor Representative Signature: _____

Printed Name: _____ Title: _____ Date: _____

Sponsored Organization Representative Signature: _____

Printed Name: _____ Title: _____ Date: _____

***Attach the Fiscal Sponsor's 501(c)(3) Tax-Exempt Determination Letter or comparable proof of charitable exemption.**

(i.e., a letter from a city, confirming their status as a government entity. Contact our Administrative Office with questions, or for examples of a letter from a city.)

FEMC: Fiscal Sponsorship Agreement (if needed)