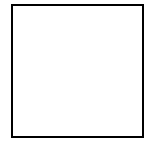


CLINTON COUNTY DEVELOPMENT ASSOCIATION  
GRANT APPLICATION FORM  
FUND A



(For Office Use Only)

PROJECT TITLE \_\_\_\_\_

AMOUNT APPLIED FOR \$ \_\_\_\_\_

**NOTE: Attach no more than 1 additional sheet each for items 7, 8 and 9. Applications submitted in any other form will not be accepted.**

1. NAME OF APPLICANT \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

3. CONTACT PERSON(S) \_\_\_\_\_ TITLE \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

DAY

EVENING/OTHER

EMAIL ADDRESS

4. IRS EXEMPT STATUS - UNDER WHICH SECTION (**ATTACH IRS LETTER**) \_\_\_\_\_

5. FEDERAL I.D.# \_\_\_\_\_ DATE ORGANIZED \_\_\_\_\_

**PROJECTS MUST EARN A MINIMUM 70% OF ALL AVAILABLE POINTS TO BE CONSIDERED FOR FUNDING.**

6. PROVIDE A BRIEF STATEMENT REGARDING YOUR ORGANIZATION'S PURPOSE AND ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. DOES THIS PROJECT ENHANCE ECONOMIC GROWTH AND/OR CIVIC DEVELOPMENT IN CLINTON COUNTY (IF SO HOW)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



20 PTS

(For office use only)

8. HOW WILL THIS PROJECT ENHANCE OR RETAIN EMPLOYMENT OPPORTUNITIES FOR THE CITIZENS OF CLINTON COUNTY?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



10 PTS

(For office use only)

9. TO WHAT EXTENT DOES THIS PROJECT BENEFIT CLINTON COUNTY CITIZENS AND ENHANCE THE QUALITY OF LIFE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



10 PTS

(For office use only)

10. GIVE A DESCRIPTION OF THE PROJECT AND SPECIFY WHAT THE MONEY WILL BE USED FOR: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. ARE THERE ANY UNIQUE ELEMENTS, WHICH SHOULD BE CONSIDERED IN RELATION TO THIS PROJECT?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. STATE SOURCE OF ADDITIONAL FUNDS AND AMOUNTS FROM EACH SOURCE. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. HOW WILL THE CCDA BE RECOGNIZED FOR ITS CONTRIBUTION ? (I.E. PLAQUE, RECOGNITION CEREMONY, NEWS RELEASE). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. PLEASE ATTACH DETAILED PROJECT BUDGET WITH PROJECT QUOTATIONS WHEN APPLICABLE.

15. PLEASE ATTACH A PHOTO OR LINE DRAWING OF PROJECT WHEN AVAILABLE.

16. IF THIS REQUEST CAN BE BROKEN DOWN INTO PARTS. PLEASE PRIORITIZE THOSE PARTS AS SEPARATE ITEMS AND STATE THE DOLLAR AMOUNT REQUESTED. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PROJECT FINANCIAL INFORMATION			
PROJECT COSTS		FUNDS AVAILABLE	
CONSTRUCTION/RENOVATION	\$ _____	CASH ON HAND	\$ _____
EQUIPMENT	\$ _____	PLEDGES CONFIRMED	\$ _____
FURNISHINGS	\$ _____	IN-KIND MATERIALS	\$ _____
CONTINGENCY	\$ _____	FINANCING	\$ _____
INTEREST EXPENSE	\$ _____		
WORKMANSHIP	\$ _____	B - TOTAL AVAILABLE	\$ _____
A - TOTAL PROJECT COST	\$ _____	C - BALANCE REQUIRED (A MINUS B)	\$ _____
<b>TOTAL PROJECT COST MUST = \$150,000 OR MORE</b>		D - GRANT REQUEST	\$ _____

**MATCHING FUNDS MUST BE EQUAL TO OR MORE THAN THE GRANT AMOUNT REQUESTED**

WE CERTIFY WE MEET ELIGIBLE REQUIREMENTS AS STATED IN THE CLINTON COUNTY DEVELOPMENT ASSOCIATION FUNDING ALLOCATION POLICY.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 DATE \_\_\_\_\_

**INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED**  
**SEND (10) COPIES OF APPLICATION WITH ALL REQUIRED ATTACHMENTS, COMPLETED APPLICATION FORM AND BUDGET TO:**  
**CLINTON COUNTY DEVELOPMENT ASSOCIATION**  
**PO BOX 2061, CLINTON, IA 52733-2061**

**NOTE:** THE SCOPE OF THE PROJECT MAY NOT CHANGE WITHOUT CLINTON COUNTY DEVELOPMENT ASSOCIATION ACTION AND MAY NEED TO BE RE-APPLIED FOR DURING ANOTHER GRANT PERIOD.