

CLINTON COUNTY DEVELOPMENT ASSOCIATION  
GRANT APPLICATION FORM  
FUND B



(For Office Use Only)

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

AMOUNT APPLIED FOR \$ \_\_\_\_\_ (MAXIMUM \$75,000)

NOTE: Responses for items with the exception of items #14 & #15 must be limited to the space available on this form. 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. ELIGIBILITY - **UNDER WHICH SECTION (ATTACH IRS LETTER.)** \_\_\_\_\_

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

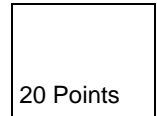
6. PROVIDE A BRIEF STATEMENT REGARDING YOUR ORGANIZATION'S PURPOSE AND ACTIVITIES: \_\_\_\_\_

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

**NOTE: ATTACH ONE PRE-PRINTED CHECK MARKED "VOID" FROM APPLICANT'S FINANCIAL INSTITUTION ACCOUNT.**

7. DOES THIS PROJECT ENHANCE ECONOMIC GROWTH IN CLINTON COUNTY (IF SO HOW)?

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

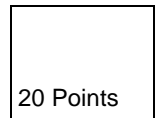


20 Points

(For office use only)

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

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

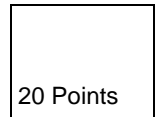


20 Points

(For office use only)

9. DOES THIS PROJECT FULFILL AN UNMET EDUCATIONAL, CIVIC OR SOCIAL SERVICE NEED IN CLINTON COUNTY (IF SO, HOW)?

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

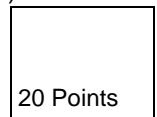


20 Points

(For office use only)

10. DOES THIS PROJECT ENHANCE/OR ENCOURAGE TOURISM IN CLINTON COUNTY (IF SO HOW)?

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



20 Points

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11. GIVE A SPECIFIC DESCRIPTION OF THE PROJECT: \_\_\_\_\_

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

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

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

13. STATE SOURCE OF ADDITIONAL FUNDS AND AMOUNTS NECESSARY TO COMPLETE THIS PROJECT. \_\_\_\_\_

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

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

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

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

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

17. 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	\$ _____
		C - BALANCE REQUIRED (A MINUS B)	\$ _____
A - TOTAL PROJECT COST	\$ _____	D - GRANT REQUEST	\$ _____

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

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

DATE \_\_\_\_\_

**INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.  
SEND OR DELIVER (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.**