2020 Community Grant Application - Operating Support

Community Foundation of Johnson County

ORGANIZATION INFORMATION

Organization Name*
Character Limit: 100

EIN Number*
Character Limit: 100

Mission Statement*
Character Limit: 2000

Organization Address*
Street, City, State, Zip
Character Limit: 250

Populations Served*
In an effort to assist with data collection around our grantmaking process, we ask that you fill out this demographic information to the best of your knowledge.

Demographic information should be based on the population served by your organization in an average year.

Please check the boxes of the population(s) you PRIMARILY serve. Please check all that apply.

Choices
Black, Indigenous, and People of Color
White
Persons with Disabilities
Low Income
Elderly (65+)
Adults (18-65)
Teens (13-18)
Youth (0-13)
Men
Women
English as a Second Language
Other
**Fiscal Sponsorship**
Does your organization have a fiscal sponsor?

**Choices**
Yes
No

If you answered "Yes" to the above question, please upload the sponsorship agreement.

*Character Limit: 100 | File Size Limit: 5 MB*

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**APPLICATION BASIC INFORMATION**

**Please name your request**

*Character Limit: 100*

**Funding**

How much funding are you requesting? (Max. $10,000)

*Character Limit: 20*

**Organization Focus Area**

Please select the option that best fits your organization's focus area:

- Arts/Culture/Humanities: Museums, historic, preservation, etc
- Education: Schools (all ages), adult learning programs
- Environment/Animals: Environmental protection, beautification, animal-related issues
- Health: General, rehabilitative, mental, etc
- Human Services: Public protection/safety, recreation, youth development, social support
- Public/Societal Benefit: Community improvement/development, philanthropy/volunteerism, capacity building, civil rights, etc

**Choices**
- Arts/Culture/Humanities
- Education
- Environment/Animals
- Health
- Human Services
- Public/Societal Benefit

**Geographic Area Being Served**

Select all that apply.

**Choices**
- Coralville
- Hills
Iowa City
Lone Tree
North Liberty
Swisher
Tiffin
University Heights
Other Johnson County community not listed above

FINANCIAL INFORMATION

General Overall Operating Budget*
Please provide your overall operating budget for the current year (fiscal or calendar).

File Size Limit: 5 MB

Revenue from Fundraising*
Please estimate to the best of your knowledge the % of total revenue for your organization which comes in the form of fundraising/donations in a typical year.

Character Limit: 20

Revenue Loss due to COVID-19*
Please describe the revenue lost due to COVID-19's impact on your programs/services. If possible, please estimate loss from March 15-present in %.

Character Limit: 500

Additional Expenses Incurred*
Please describe any additional expenses the organization has had due to the coronavirus pandemic. Please provide estimated loss from March 15 - present in %.

Character Limit: 500

Emergency Financial Assistance*
Has your organization received any local, state, or federal funding in response to the COVID-19 pandemic? (e.g., Paycheck Protection Program, a loan from a local lending institution such as a bank, etc.)

Choices
Yes
No

Emergency Financial Assistance Amount
If yes, from who/what program and at what amount?

Character Limit: 250
Other Funding Sources*
Please check if you receive funding from these entities in a normal year (does not include emergency funding such as Payment Protection Plan dollars made available because of the coronavirus pandemic).

Choices
Federal Government
State Government
County
City
Foundation/Funder other than CFJC
None

Other Funding Amounts
If you checked that you receive funding from these entities on an annual basis, please provide the amount of each.

Character Limit: 250

APPLICATION SUBMISSION

Non-financial Assistance
Please let us know if there is any non-financial assistance the Community Foundation of Johnson County could provide to support your organization.

Character Limit: 500

Additional Information
Is there any additional information you wish to share with the Granting Committee about your need?

Character Limit: 500

AUTHORIZED SIGNATURE
I agree that:
I have read and understand the grant guidelines.
I am authorized by the organization to apply for this grant. When a grant check is cashed, the organization is obligated to use it for the purpose given in this application. If any portion of the funds cannot be used for the purpose in the application, the organization will return them to the CFJC.

Important By entering data into the next three fields (Name, Title, and Date) you are:
(1) representing that you are an officer or other agent for the Applicant duly authorized to enter into legally binding agreements on behalf of the Applicant;
(2) agreeing to submit this grant application in an electronic form on behalf of the Applicant which shall be bound by its contents as an electronic transaction;
(3) agreeing that you provided true, accurate, current and complete information; and
(4) agreeing that your insertion of data into the following fields constituted an electronic signature.

**Name (Authorized Representative)**
*Character Limit: 150

**Title**
*Character Limit: 50

**Date**
*Character Limit: 10