

JASPER COMMUNITY FOUNDATION

Applicant Board Approval Form

We approve submission of this grant request and certify that the purpose of this request is charitable and that monies received from the Community Foundation will be used solely for the project stated in this application.

Print Name

Signature

Date

Board Chairman

JASPER COMMUNITY FOUNDATION

Fiscal Sponsorship Agreement (if applicable)

Date:

Fiscal Sponsor (Legal Applicant):

Fiscal Sponsor Contact Person and Email Address:

Fiscal Sponsor Full Mailing Address:

Sponsored Organization Conducting Project:

Project Name:

_____, the Fiscal Sponsor as noted above, hereafter referred to as **The Sponsor**; has agreed to serve as a Fiscal Program Sponsor for the _____, the Sponsored Organization as noted above, 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 person responsible for fulfilling of 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 (contact information noted below). Failure to insure timely reporting on behalf of the **Sponsored Org./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:

Print Name of Fiscal Sponsor Representative (Legal Applicant) _____

Signature of Fiscal Sponsor Representative (Legal Applicant): _____ Date: _____

Print Name of Sponsored Organization's Representative: _____

Signature of Sponsored Organization's Representative: _____ Date: _____

** Attach to this agreement 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 JCF with questions, or for examples of a letter from a city.)



Grant Review/Evaluation Form

Return Following Project Deadline of March 1st
Jasper Community Foundation, PO Box 924, Newton, Iowa 50208

Organization Name:

Project Name:

Please briefly summarize the goals of your project. Were you able to attain the goals of your project? Please explain. Were there any unexpected successes/benefits?

What method was used to evaluate the project? Please detail program/project results and the tools you used to measure the change.

Were there any unexpected barriers to overcome? What were they and how were you able to address them?

Do you plan to continue the project? If yes, will any of the past year's experiences cause you to change the project? If yes, how will the project be changed?

Was there any publicity, including any recognition of the Community Foundation grant, on your project? If yes, please describe and attach copies. Please include pictures of your project implementation and/or results.

Please feel free to attach to a separate sheet of paper when answering the questions outlined above if necessary.