

COUNTY ENDOWMENT FUND APPLICATION

Part 1 –Applicant Information

Name of Applicant Community Foundation or Community Affiliate Organization:

Primary Contact Person for Applicant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

1. State the county that the applicant will serve or is serving.

2. Identify the qualified community foundation which you desire to hold the county affiliate fund. If applicant is a qualified community foundation, skip to Question #3.

If you have a written agreement with the qualified community foundation, please attach a copy of this agreement to your application. If not, please explain why.

3. Please provide the names/address/phone and fax numbers/emails of the five or more citizens who have formed the community affiliate organization and are applying for county endowment funds (you may provide additional pages as necessary. In addition, please describe on a separate sheet of paper the community activities in which each individual has played a leadership role; describe both current and past community and/or philanthropic activities. (If the applicant is a qualified community foundation, please list your board of directors.):

Name: _____

Primary Address: _____

City/State/Zip: _____

Telephone No: _____ Fax: _____ E –Mail Address: _____

Name: _____
Primary Address: _____
City/State/Zip: - _____
Telephone No: _____ Fax: _____ E –Mail Address: _____

Name: _____
Primary Address: _____
City/State/Zip: _____
Telephone No: _____ Fax: _____ E –Mail Address: _____

Name: _____
Primary Address: _____
City/State/Zip: _____
Telephone No: _____ Fax: _____ E –Mail Address: _____

Name: _____
Primary Address: _____
City/State/Zip: _____
Telephone No: _____ Fax: _____ E –Mail Address: _____

Part 2 Leadership

4. Describe your organizational plan for collaboration among the leaders of your group and describe the diversity of your leadership team. [The applicant shall state the cooperation and collaboration among the leaders as well as how diverse the leadership is in terms of background and experience. Applicant’s responses to Question #3 are considered part of the answers for purposes of awarding points.]

5. State which communities your leadership resides in. Describe how your leadership is geographically diverse across your county. Explain how well the leadership team represents the different areas and interests in county.

Part 3 Community Needs

6. Identify the current needs within your county and the manner in which the county endowment funds will address those needs.

7. Describe if any other philanthropic entities exist in your county that provide similar services and to what extent these entities, if any, are addressing needs within your county. . [Are other community organizations actively serving community needs? How will the applicant’s leadership work with existing organizations? How can the applicant provide services not currently being provided by competing organizations? How will the applicant avoid duplication of efforts?]

8. Describe the potential for future philanthropic activity in the county and your plans for long-term sustainability, including, but not limited to, plans to secure future funding, leadership succession, and plans to engage other county constituents.

Part 4 Applicant Signatures

Is the applicant a qualified community foundation? _____ Or, a community affiliate organization)? _____ (please check only one)

Signature

Print Name

Signature

Print Name

Signature

Print Name

Signature

Print Name

Signature

Print Name

Please return completed application along with 10 copies by May 1, 2005 to:

Iowa Council of Foundations
PO Box 538
Waterloo, IA 50704

Phone: 319-287-9106

Fax: 319-287-9105

If you have questions regarding this program, please send us an email at
info@iowacounciloffoundations.org

Web Address: www.iowacounciloffoundations.org