

January 15

April 15

July 15

October 15

Grants

OUR PURPOSE

The Foundation of Cornerstone Communities (FCC) will support initiatives and programs that directly impact the everyday health and vitality of residents of all ages served by the Guttenberg Municipal Hospital & Clinics.

The Foundation of Cornerstone Communities sets out to meet a distinct and different challenge facing the small rural communities we serve. That challenge is to give energy to the best ideas as they are formed and thereby incent project leaders to grow a healthy and vibrant community.

The Foundation of Cornerstone Communities gives preference to projects applications with a 50% or greater, project budget match in cash, other grants or volunteer contributions (valued at \$15 per hour)

PROGRAM CRITERIA

Review the criteria which your project meets:

- **Strengthens and grows recreational opportunities that support everyday physical, mental, spiritual and social health and vitality of the residents within our service area**
- **Shares in the mission of promoting a sense of healthy and vibrant community through capital investments in long term structural improvements within our service area**
- **Celebrates and enhances the historic and authentic character and sense of place within our service area**

FCC GRANTS

FCC Grantmaking committee welcomes applications for consideration quarterly on January 15, April 15, July 15 and October 15 with decisions announced to applicants within 30 days.

Submit the application to Amy Speed by email at amy.speed@guttenberghospital.org

For questions, contact Jackie Lee by email at jackiel@qcasinodbq.com



GRANT APPLICATION

Organization Name: _____ **EIN** _____

Fiscal Responsibility: Is this organization a city or county church school 501.c3

If not, you will need to partner with a fiscal sponsor for this application. The Fiscal Sponsor Agreement, if needed, is attached.

Contact Person: _____ **Email:** _____

Mailing Address: _____ **Phone:** _____

1. What is the purpose or mission of your organization?
2. What year was your organization founded?
3. Describe how your organization is staffed (paid or volunteer members)?
4. Project Title followed by 1-3 sentence project description:
5. Total project cost:
6. Amount you are requesting for the project as described in #4:
7. How will your project impact the long (10 year) and short-term (1 year) health and vitality of the residents of the region?
8. How many residents will the project directly impact in continuous way?
9. Which communities within the Cornerstone service area does this project serve?
10. How will you promote the Foundation of Cornerstone Communities if you are awarded funding?
Preference is given to permanent cling signage provided by FCC, ribbon cutting or project completion celebration and local news release, and Facebook/social media.

ATTACHMENTS

11. ATTACH: Project Budget (*please use attached format*)
 - a. Remember to include a column for cash match, pending grants, and volunteer hr. X \$15
12. OPTIONAL IF AVAILABLE ATTACH: Current budget for organization (*please use attached format*)
13. ATTACH: Board of Directors for Applicant organization
14. ATTACH IF NEEDED: Fiscal Sponsorship Agreement (*see attached form*)
15. ATTACH: If the Applicant or Fiscal Sponsor is a 501.c3 – attach the IRS Tax Determination letter