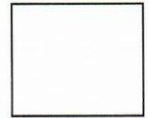


CLINTON COUNTY DEVELOPMENT ASSOCIATION
SPRING / FALL (Circle one) GRANT APPLICATION FORM



(For Office Use Only)

PROJECT TITLE _____

AMOUNT APPLIED FOR \$ _____

(MAXIMUM GRANT AWARD \$100,000 / REQUIRED MATCH 25% OF PROJECT TOTAL)

NOTE: Applications submitted in any other form will not be accepted.

1. NAME OF APPLICANT _____

Pre-Qualification ID # _____

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: _____

6A. 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)?

25 Points

(For office use only)

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

25 Points

(For office use only)

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

25 Points

(For office use only)

10. BONUS: HOW CAN YOU USE THIS PROJECT TO PROMOTE CLINTON COUNTY AS A GREAT PLACE TO LIVE, WORK, VISIT, OR INVEST IN?

Bonus
5 Points

(For office use only)

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

I HEREBY CERTIFY THAT I AM AUTHORIZED ON BEHALF OF THE APPLICANT ORGANIZATION TO FILE THIS GRANT APPLICATION, AND THAT THE ORGANIZATION MEETS THE ELIGIBILITY REQUIREMENTS AS SET FORTH IN THE CLINTON COUNTY DEVELOPMENT ASSOCIATION FUNDING ALLOCATION POLICY.

NAME _____ TITLE _____

DATE _____

**INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.
SEND OR DELIVER (12) 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.