

## **Jo Daviess County Country Fair Charities Grant Application Guidelines**

Eligibility: Tax exempt organizations in Jo Daviess County.

Please fill out the Jo Daviess County Country Fair Charities (JDCCFC) Grant Application Form. Along with this application form we will need the following:

On a separate sheet of paper, a brief (one page) description of your project/program that this grant money would help fund, which should include the following:

1. A brief description of the actual project/program.
2. How the money will be spent.(If there are several parts to the project please, itemize budget).
3. How many people this will affect?
4. What is the goal or outcome you are anticipating?

JDCCFC reserves the right to request additional information if needed.

**All information (grant application and the one page description) must be submitted to Jo Daviess County Country Fair Charities (JDCCFC) by May 1, 2019, or postmarked with the date of May 1, 2019.**

Mail the paperwork to JDCCFC, P.O. Box 6394, Galena, IL 61036. Recipients of the grant money will be notified in writing by JDCCFC.

JDCCFC requires grant recipients to submit a follow-up report to the committee by March 1, 2020, to inform the committee of the use of the grant money. The committee reserves the right to request additional reports regarding the progress of the project/program during the grant year. A grant application may be downloaded at [www.galenacountryfair.org](http://www.galenacountryfair.org).

If you have any questions concerning this application send them to JDCCFC, P.O. Box 6394, Galena, IL 61036.

**JO DAVIESS COUNTY COUNTRY FAIR CHARITIES GRANT APPLICATION**

All information (grant application and the one page description) must be submitted to Jo Daviess County Country Fair Charities (JDCCFC) by May 1, 2019, or postmarked with the date of May 1, 2019.

Send this form and the project description sheet to JDCCFC, P.O. Box 6394, Galena, IL 61036.

Date Submitted: \_\_\_\_\_

Total Proposed Project/Program Budget: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Project/Program Name: \_\_\_\_\_

Duration of Project/Program: from: \_\_\_\_\_ to: \_\_\_\_\_ When are funds needed? \_\_\_\_\_

Nature of Request: \_\_\_\_\_ project \_\_\_\_\_ operating \_\_\_\_\_ program \_\_\_\_\_ other \_\_\_\_\_

Other sources of revenue for this project/program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Organization Information:**

Name and address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ FAX number: \_\_\_\_\_

Email: \_\_\_\_\_ Tax Exempt number \_\_\_\_\_

**Attach a copy of Letter of Tax Exemption (IRS 501C3)**

Chief Staff Officer/Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Has the governing board approved a policy which states that the organization does not discriminate as to age, race, religion, sex or national origin? yes\_\_\_ no\_\_\_

An officer of the organization's governing body must sign this application:

The undersigned, an authorized officer of the organization, does hereby certify that the information set forth in this grant application is true and correct, that the Federal tax exemption determination letter attached hereto has not been revoked and the present operation of the organization and its current sources of support are not inconsistent with the organization's continuing tax exempt classification as set forth in such determination letter.

\_\_\_\_\_  
Authorized Signature Print Name/Title Date