

## **Jo Daviess County Country Fair Charities, Inc. (JDCCFC) Grant Application Guidelines**

### **ELIGIBILITY REQUIREMENT:**

To apply, applicant must be a Jo Daviess County tax exempt organization.

### **APPLICATION GUIDELINES:**

Fill out the Jo Daviess County Country Fair Charities (JDCCFC) Grant Application Form. Along with the application form, on a separate sheet of paper, provide a one page description of the project/program that the grant money would help fund. Include the following:

1. A brief description of the project/program.
2. Project/program expenditures. (How the money will be spent)  
*If there are several parts to the project/program, provide an itemized budget.*
3. Describe who the project/program will affect and how many people the project/program will impact.
4. Explain the goal or outcome anticipated from the project/program.

*JDCCFC reserves the right to request additional information if needed.*

### **APPLICATION DEADLINE AND MAILING ADDRESS:**

All information (grant application and the one page description) must be submitted to Jo Daviess County Country Fair Charities (JDCCFC) by May 1, 2026, or postmarked with the date of May 1, 2026.

Mail the paperwork to:

JDCCFC  
P.O. Box 6394  
Galena, IL 61036

### **AWARD NOTIFICATION:**

Award recipients will be notified in writing by JDCCFC.

### **GRANT RECIPIENT FOLLOW-UP REPORT REQUIREMENT:**

JDCCFC requires grant recipients to submit a follow-up report to the committee by March 1, 2026, to inform the committee of the use of the grant money. A Grant Follow-Up Report form will be sent to grant recipients with their acceptance letters. This form is also available for download at [www.GalenaCountryFair.com/grant-program](http://www.GalenaCountryFair.com/grant-program).

*The committee reserves the right to request additional reports regarding the progress of the project/program during the grant year.*

**JO DAVIESS COUNTY COUNTRY FAIR CHARITIES (JDCCFC) GRANT APPLICATION FORM**

All information (grant application and the one page project/program description) must be submitted to Jo Daviess County Country Fair Charities (JDCCFC) by May 1, 2026, or postmarked with the date of May 1, 2026. Please read the Jo Daviess County Country Fair Charities Grant Application Guidelines, for detailed grant program information and application instructions.

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

**PLEASE PRINT.**

*To type your application, visit [www.GalenaCountryFair.com/grant-program](http://www.GalenaCountryFair.com/grant-program) to download the Word file.*

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 501(c)3**

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, and Date