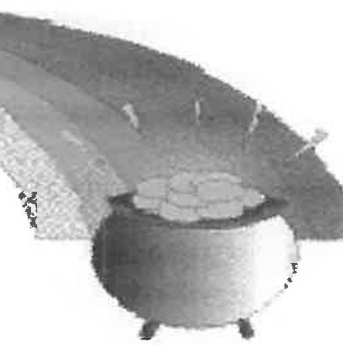


Wright County Charitable Foundation

“Enriching lives in Wright County”

115 North Main Street, Clarion, IA 50525

Phone #515-532-6422



Grant Application Overview

DO NOT INCLUDE THIS SHEET IN YOUR APPLICATION

Mission Statement: The mission of the Wright County Charitable Foundation is to foster and promote private giving, to strengthen volunteer and nonprofit service providers, and to improve the condition and quality of life for the citizens of Wright County on a sustainable basis. Toward this objective, the Foundation will promote endowment building; facilitate community betterment projects and programs; analyze and prioritize community needs; initiate focused and meaningful grant making; encourage collaboration, cooperation, communication and partnership among nonprofit groups; and, support active public, private and volunteer leadership for the benefit of the greater community in Wright County, Iowa.

What we support: The Wright County Charitable Foundation is a tax-exempt vehicle for the receipt of charitable donations, gifts, and bequests as well as for grant making to worthy projects for the benefit of people in Wright County. Through the establishment of endowment or permanent funds, which are invested for long-term growth, philanthropic minded individuals can contribute funds to build an ongoing source of financial assets to meet emerging and existing needs of the County. Through the establishment of pass-through or short-term funds, which must be spent within one year, the Foundation and its donors can facilitate current fundraising campaigns and other immediate needs of the County.

Checklist/Instructions:

- ☐ Organizational information has been completed
- ☐ Contact information has been completed
- ☐ Project Summary has been completed
- ☐ Project budget detail has been completed.
- ☐ Fiscal Sponsorship Agreement has been completed
- ☐ Copy of 501 (c)(3) IRS Determination letter attached to grant application
- ☐ Provide quotes for all materials & labor, when possible
- ☐ 1 Original and 10 copies of entire application. Each THREE HOLE PUNCHED. NO STAPLES.
- ☐ All grant applications postmarked with US Post Office postmark on or before deadline. Please call to notify us that you are mailing if it will be possibly late. Phone #515-532-6422.

Application Granting Cycle: SEPTEMBER 16-OCTOBER 15, 2019 AT 4:00 p.m. PLEASE PROVIDE AN ORIGINAL + TEN (10) COPIES FOR A TOTAL OF ELEVEN (11). NO STAPLES; PLEASE THREE HOLE PUNCH EACH COPY.

DELIVER TO: WRIGHT COUNTY ECONOMIC DEVELOPMENT, 115 NORTH MAIN, COURTHOUSE, P.O. BOX 214, CLARION, IA 50525. NO LATE APPLICATIONS ACCEPTED. PHONE NUMBER 515-532-6422.

If you have any questions about whether your organization requires a Fiscal Sponsor, please contact Sara Sheller, Wright County Economic Development, at 515-532-6422.

Definitions/Explanations

DO NOT INCLUDE THIS SHEET IN YOUR APPLICATION

Fiscal Sponsor: is an organization that is receiving the money on behalf of the grant applicant and is responsible for disbursing the money for the project and maintaining appropriate documentation. This entity must be a 501(C)(3) or a 170 (c)(1) unit of government in order to serve in this capacity. A fiscal sponsorship agreement must accompany the grant application if a fiscal sponsor is being used.

Organizations must be recognized by the Internal Revenue Service as tax-exempt, nonprofit, public charities under section 501(c)(3) or as a “unit of government” under Section 170(c)(1) to receive grant funding. A 501(c)(3) is a section of the Federal Tax Code, which establishes the criteria for tax-exempt charitable organizations. Section 170(c)(1) refers to agencies that conduct activities to benefit the public at large, like public schools, state universities, public libraries and volunteer fire departments.

THIS SHOULD BE YOUR FIRST PAGE – NO COVER SHEET

Grant Application Cover Page

Applicant Requesting Funding/Fiscal Sponsor (If the organization is not a 501(c)(3)):
David Butler

Organization conducting project (if different from Applicant/Fiscal Sponsor):
Belmond-Klemme School District

Project Title:
CNC plasma cutter

Federal tax identification number of Applicant/Fiscal Sponsor (EIN):
42-1413770

Applicant/Fiscal Sponsor Address:
411 10th street NE

Applicant/Fiscal Sponsor Contact Person & Title:
David Butler Industrial Arts Instructor

Applicant/Fiscal Sponsor Contact Person Phone & Email:
319-404-7649 david.butler@bkcsd.org

Organization/Project Address (ADDRESS OF WHERE ALL CORRESPONDENCE WILL BE SENT):
411 10th street NE

Organization/Project Contact Person & Title (PERSON WHO SHOULD RECEIVE ALL CORRESPONDENCE):
David Butler Industrial Arts Instructor

Organization/Project Contact Person Phone & Email (PERSON WHO WILL BE CALLED WITH ANY QUESTIONS)
319-404-7649 david.butler@bkcsd.org

Amount requested up to \$5000

Total project cost \$28070.00

Type of Request (check one):

☒ Program Based (*Operational, activity, general programmatic support*)

☐ Capital Based (*The building of or physical improvement of something*)

Project Focus Area (check one):

☐ Arts/Culture/Humanities

☐ Human Services

☒ Education

☐ Environment/Animals

☐ Public/Society Benefit

☐ Health

☐ Recreation

Brief Description of Organization:

We are a public school in Wright in the city of Belmond!

Brief Description of Project:

I would like to purchase a Torchmate CNE Plasma cutter. This is a machine that takes computer images, transfers them to a metal machine that cut the pattern out with air and electricity.

PROJECT SUMMARY – ALL QUESTIONS MUST BE ANSWERED

1. Describe the need or problem being addressed by this project:

We don't not have one at this time and would be a great asset to the metals working program. There is a big need for skilled laborers and this might help some student decide what area they would like to go into.

2. Explain how this project will benefit the citizens of this county:

As one of the projects we will be doing is making yard signs with the school logo on it to be put into front yards, making parts for other student projects! Also gives students a chance to make designs on the computer, then cut them out as a 3D project for them to take home.

3. What area or population is being served?

25-40 students per year and this machine should last several years. It is a great investment for the school and the students that go here.

4. Explain your organizations ability to carry out and ensure success of this project:

As the instructor of the metals class, students will be observed and oral test on their ability to design, manufacture, and finish a project.

5. Describe the timeline of the project:

Will be purchased as soon as funds are available

6. Explain how you will allocate funds for your project:

The total amount received will go to the purchase of the machine. .

7. Have you previously received funding from Wright County Charitable Foundation? If so, when?
No

Project Budget

Income	
Source	Amount
Sponsor Cash	\$
Federal Gov. Grants	\$ unknown yet
State Gov. Grants	\$
Private Donation Dollars \$	\$
In-Kind Donations*	\$
Private In-Kind*	\$
County Foundation WCCF – operational funds	\$
Other Income	\$ unknown yet
Total: \$	

Expenses	
Source	Amount
Land Purchase	\$
Professional Services	\$
Construction Costs	\$
Equipment Purchase	\$28070.00
Construction Supplies	\$
Training Costs	\$
Personnel Costs	\$
Other Expense	\$
Total: \$	

***In-kind gift:** when a foundation or other entity contributes a good or service in lieu of providing monetary grants.

Organization OR Fiscal Agent Budget

Income

Source	Amount
<i>Support</i>	
Government Grants	\$
Foundations	\$
Corporations	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
<i>Income</i>	
Government contracts	\$
Earned income	\$
Other (specify):	\$
1.	\$
2.	\$
3.	\$
Total Income	\$

Expenses

Item	Amount
Salaries & Wages	\$
Insurance, benefits, & other related taxes	\$
Consultants & professional fees	\$
Travel	\$
Equipment	\$
Rent and utilities	\$
General operating	\$
Other (specify)	\$
1.	\$
2.	\$
3.	\$
Total Expense	\$

Fiscal Sponsorship Agreement

This Agreement Must be Completed With All Applications

Date: 8 /18/2020

Fiscal Sponsor (Legal Applicant): Belmond-Klemme school

Fiscal Sponsor Contact Person and Email: David Butler. david.butler@bkcsd.org

Fiscal Sponsor Full Mailing Address: 411 10th street NE

Sponsored Organization Conducting Project:

Project Name: CNC plasma cutter

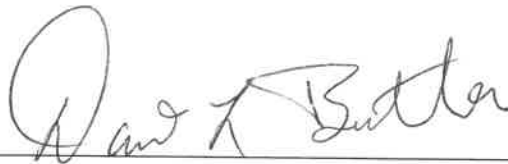
David Butler (Legal Applicant/Fiscal Sponsor, hereafter referred to as **The Sponsor**) has agreed to serve as a fiscal/program sponsor for the Belmond-Klemme School District (Organization conducting project, hereafter referred to as the **Sponsored Org.**) as outlined in the attached application and supporting materials. The Board of Directors of **The Sponsor** has passed a resolution adopting the **Sponsored Org.**'s project as a program or project consistent with the **Sponsor**'s purpose and mission. The **Sponsored Org.**'s financial activities will be accounted for as a program of **The Sponsor** for IRS auditing and financial reporting purposes.

Since the **Sponsored Org.** is not recognized by the IRS as a charitable tax-exempt entity, **The Sponsor** must exercise full control over the **Sponsored Org.**'s financial administration, management and disbursement of funds resulting from this grant application. **The Sponsor** has delegated David Butler (name of person/s) as responsible for fulfilling of these accounting and reporting functions subject to the ultimate authority of the Board of Directors of **The Sponsor**. **The Sponsor** is responsible for ensuring completion of timely reports and submission of necessary financial statements to the Community Foundation's Administrative Office (contact info below). Failure to insure timely reporting on behalf of the **Sponsored Org./Sponsor** will also result in a loss of good standing.

This agreement will be in effect from the date of a grant award to support the above-named project until the grant funds are expended and the final report has been submitted and accepted.

We agree to the terms stated above in this agreement:

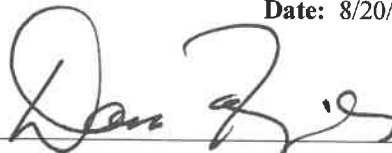
Legal Applicant/ Fiscal Sponsor Representative Signature:



Printed Name: David Butler

Date: 8/20/2020

Sponsored Organization Representative Signature:



Printed Name: Dr. Dan Frazier

Date: 8/20/2020

Attach to this agreement the Fiscal Sponsor's 501(c)(3) Tax-Exempt Determination Letter or comparable proof of charitable exemption. (i.e. a letter from a City, confirming their status as a government entity. Contact our Administrative Office with questions, or for examples of a letter from a City.)