

2025 Spring Grant Cycle

Washington County Riverboat Foundation

General Information

Please click the "Public Profile" button on your dashboard to verify that you have claimed your GuideStar profile. If you have not claimed your GuideStar profile, please go to [GuideStar.org](https://www.guidestar.org) to update your information.

Please note, if you are NOT a government organization, you MUST have a GuideStar profile to be eligible for funding.

Government organizations do not need a GuideStar profile.

Type of Organization*

Choices

City Government
County Government
Public School
Other non profit organization

Is your organization in Washington County?*

Choices

Yes
No

Project Name*

The name of the project should be short and to the point. Do not re use your organizations name in the project name.

It will be attached to each and every form within your process.

Character Limit: 35

Project Description*

Describe The Project. What are you proposing to do?

Example: Repair the roof, add new doors, windows and paint.

Example: Purchase new kayaks and canoes

Do not describe your organization. Only describe the specific project for which you are seeking grant funding.

Character Limit: 300

Benefit to your organization and community*

Describe **WHY** your organization is doing the project. Describe how your organization and the people you serve will benefit from this project being completed.

Character Limit: 1000

Total Project Budget*

How much will the project cost?

Character Limit: 20

Do you have matching funds for this project?*

Matching funds = **money your organization will put toward the project.**

While not required, matching funds will improve your chance of being funded.

Choices

Yes

No

Grant Amount Requested*

How much Riverboat Foundation grant funding are you requesting?

Character Limit: 20

Mission Statement*

Upload the mission statement of your organization.

Character Limit: 300

Board of Directors*

Type or attach a list of your organization's governing board. Indicate the officers.

Character Limit: 1500 | File Size Limit: 2 MB

Geographic Areas Served

Primary Geographic Area Served*

Which Iowa county is the **Primary County** that will be served by your project. ONE COUNTY ONLY.

Character Limit: 30

Additional Geographic Areas Served*

List the additional counties that your project will serve. **Do not re-list your primary county.**

Character Limit: 250

Other Community Foundations in Iowa*

Every Iowa County without a casino receives over \$160,000 annually in casino gaming funds through Iowa's County Endowment Fund Program to distribute as grants and build an endowment. To learn more about this program go to www.IowaCommunityFoundations.org

Choices

We have applied for a Community Foundation Grant for THIS PROJECT in OUR COUNTY

We have NOT applied for a grant for THIS PROJECT from the Community Foundation in OUR COUNTY

Funding from outside Washington County

How much did you request for this project from your Community Foundation?

Character Limit: 20

How much did you receive for this project from your Community Foundation?*

Character Limit: 20

Other County Foundation Applications

Community Foundation Grants*

If you have **NOT** applied for a Community Foundation Grant **for this project** within your county **explain WHY** you have not done so.

Character Limit: 250

Financial Information

Project Budget

Fill out the table to include the expenses for the project, confirmed matching funds and grant request from Washington County Riverboat Foundation.

The Grant Amount Requested column is the amount of the project you are asking us to fund for this line item.

Totals will be calculated at the bottom of the table.

NOTE: Capital expenses include construction or remodeling costs. Equipment expenses include machinery, tools, vehicles and appliances that are likely to remain in use for more than one year. Supplies refers to items which are consumable. Personnel expenses include salaries and benefits for employees. The WCRF does not fund personnel expenses.

You may enter 0's if you do not have matching funds for the expense line in the Matching Funds column.

Name of Work Element/ Expense	Cost of work element/ Expense	Confirmed matching funds	Grant amount requested

Matching Funds % of Total*

Please calculate the TOTAL amount of matching funds divided by the Project Total and enter below.

For example if you have 52% matching funds, enter 52

Character Limit: 2

In Kind Contributions

List of "in kind" (non-cash) contributions, if any. Include **donated** labor, materials, etc. Note that these "in kind" contributions should not be included in the matching funds or in the total cost of the project.

Character Limit: 1000

Partial Grant Consideration*

Can your organization complete this project if WCRF partially funds the grant request?

Choices

Yes

No

Partial Grant Consideration*

How will this project be affected if it receives less funding from WCRF? For example: will the project be downsized, will the organization increase its own funding to make up the difference, would the project be canceled or postponed?

Character Limit: 200

Matching Funds

Matching Funds*

While not required, matching funds will improve your chance of being funded.

Character Limit: 20

Matching Funds Confirmation

List the funders, they will be added together for total amount of matching funds confirmed. Do not list any funding you hope to get (applied for) but have not received.

Example: Matching Funds Source Name

- Pledged/Confirmed Donations - \$3,456
- Fund Raising Event - \$1,800
- ABC Company Grant- \$3,000
- Current Bank balance available for use- \$5,000

Total Matching Funds Confirmed: \$13,256

Matching Fund Sources Name	Amount CONFIRMED

Documentation of Matching Funds*

Show documentation of matching funds for this project.

Please combine all letters confirming the matching funds listed above and upload as one document here.

*Tip: If you have more than one digital document, print all documents, stack and scan them as one multi-page document. PDF

File Size Limit: 5 MB

Supporting Documents

Resolution authorizing submission

If you are a public school, city, or county government, or if your project will take place on school or government property, you must submit a resolution from the governmental body authorizing your application. Use our form and fill in with the correct dates as well as the city, county or school information. It must be signed by the authorized authorities before the grant deadline date.

City Resolution

County Resolution

School Resolution

pdf or word doc

File Size Limit: 5 MB

Iowa Secretary of State Certificate of Standing

Iowa Secretary of State Certificate of Standing*

Upload your certificate of standing. It must be **within the last 2 years**. Iowa requires that incorporated business and organizations update their status every two years.

Call the Secretary of State at 515-281-5204 or go online to sos.iowa.gov to print a copy. There is a fee to print.

File Size Limit: 3 MB

Additional Supporting Documents

Additional Information Supporting the Application

Please add any additional information you want us to consider such as a picture or drawing of the project, letters of support, cost estimates, construction estimates. Combine all documents into one file before uploading. *Pictures are very helpful.*

Character Limit: 2000 | File Size Limit: 6 MB

Project Information

Special Interest Areas*

Learn more about our Special Interest Areas here.

Select the special interest area that this project addresses.

Choices

Community Development and Beautification

Economic Development

Education and Arts

Human and Social Needs

Special Interest Areas - Explained*

Briefly explain how the project will address the Foundation's Special Interest category that you chose.

Character Limit: 350

Project Start Date*

When will the project begin?

Please Note: **2025 Spring Grant Awards will be announced in May 2025.**

Character Limit: 10

Projected End Date*

Project completion date.

Projects that are awarded a grant will have **12 months** (from date of grant award) **to be completed.**

Character Limit: 10

Project Goals*

What are you hoping to achieve? List 3-5 goals you have for this project. **List in bullet points.**

Example:

- To provide playground equipment in our neighborhood
- To provide handicapped children access to safe playground equipment
- To encourage new families to move into our neighborhood

Character Limit: 300

Impact of Funding*

How many people will be impacted by this project?

Character Limit: 15

Recognition of WCRF*

How will the Washington County Riverboat Foundation be recognized for funding this project?

Character Limit: 300

Signatures

Alternate Contact Name*

Character Limit: 50

Alternate Contact email*

Please add an alternate contact person in the case that the primary contact cannot be reached.

Character Limit: 254

Alternate Contact phone number*

Please add an alternate contact phone number in the case that the primary contact cannot be reached.

Character Limit: 20

Affirmation*

I hereby affirm that this application has been approved by its governing body. All data in this application are correct and true. If awarded funds by the WCRF, the Applicant will comply with WCRF guidelines and grant agreement.

Choices

I agree

Digital Signature*

Enter your full, legal name.

Character Limit: 100