

**Grant requests will be approved :
October, December, February and April
Please allow six weeks for processing.**

Name of organization _____ Date _____

Address _____
City/State _____ Zip Code _____

Contact Person _____ Phone _____

E-mail _____ Amount Requested _____

~There is a \$2,000 maximum request limit.

~Incomplete requests will be denied.

~If your request is permitted, we will ask for a follow-up letter.

~We will be making a site visit to observe progress of project.

~We ask that you send a representative from your organization to the YACC Banquet next spring to share the outcome of the project we helped fund. Lack of representation at the banquet will result in disqualification of YACC funds for a period of five years.

Please type the answers to these questions on a separate sheet of paper and attach to this cover sheet. Please answer all questions to the best of your ability.

1. What is the purpose of the proposed project?
2. What is the long-term positive impact of the project on the communities of Union County?
3. Why is this particular project needed?
4. What is the approximate number and age groups impacted by this project?
5. How will the funds be used?
6. Provide an itemized breakdown/budget.
7. What is your timeline for this project?
8. List all other potential or committed funding sources.
9. How does this project help to support the YACC mission?

“To lend assistance to individuals and groups within our communities in order to increase the quality of life for all.”

For Office Use Only:

Granted _____

Amount\$ _____

Adopted By _____

Forwarded to SCICF _____

Date Received _____

Please submit 23 copies of your completed application to:

YACC: Grant Request
PO Box 244
Creston, IA, 50801