MARSHALL COUNTY FUNDING REQUEST FORM

Date of Application:	
Agency Name:	
Address:	
Contact Person Name:	
Contact Person Title:	
Email:	Phone:

Please list the amount of Funding Requested for the upcoming fiscal year:
Have you received any Marshall County funding in previous years? Please detail:

Attachments to be submitted with this form:

1) List of your agency's Board of Directors and Officers. If applicable, also attach advisory councils and officers.
2) Copy of your agency's organizational chart (in chart or written form). Include the number of employees and volunteers within each position.
3) Copy of your agency's Board minutes at which this funding request was approved.
4) Copy of any license or accreditation, if required.
5) Copy of sliding fees, rates, or other methods to determine client fees, if utilized.
6) Copy of your agency's most current financial audit.
7) Budget Form Exhibit A.
8) Proposed Agreement. The State of Iowa requires a formal Agreement for Services.

Please scan and email all attachments with the application to bos@marshallcountyia.gov
The annual application deadline is December 1.

Agency Information:

1) What is the agency's mission? If Marshall County funds a program/service within the agency, also list that program's mission.

2) What is the agency's geographic service area?		
3) What is the agency's target population (age, gender, special interest, etc.)?		
4) What is the agency's estimate and basis for the estimate of the number of individuals in this target population for your service area?		
5) What is the estimate for the number of target individuals in Marshall County (if different from your service area)?		
6) How many target individuals were served in Marshall County?		
a. 3 years ago:	b. 2 years ago:	c. 1 year ago:
7) What programs/services are offered by the agency?		
8) Have these program/services changed in the past year?		

9) What fund raising activities does your agency conduct and how much do you typically raise?
10) Have there been any major funding changes for your agency in the past year or do you expect upcoming changes in funding? If so, please identify and document including sources and amounts.
11) Provide an explanation and dollar amount for each of your agency's reserve funds:

a. Unrestricted:	
b. Restricted by donors :	
c. Restricted by agency's Board of Directors:	
Total Reserves (a+b+c):	$ 0.00

12) How does the agency intend to spend funding if this application is approved?

Reset Form

Budget Form EXHIBIT A

REVENUES & EXPENSES	FY ____ Actual (Prior Year)	FY ____ Budgeted (Current Year)	FY ____ Proposed (Budget Year)
REVENUE:			
1. Marshall County Allocation….....			
2. Grants & Reimbursements:			
a. Federal Government.....….....			
b. State Government.....……..			
c. Other County Gov'ts.....…….			
d. City Government.....……			
3. Memberships.....……			
4. Client Fees.....……			
5. Sale of Materials.....			
6. Investment Income.....….			
7. United Way Allocation.....….....			
8. Contributions.....….....			
9. Special Events.....….....			
10. Miscellaneous/Other:			
a. _____……....			
b. _____……....			
c. _____……..			
11. TOTAL REVENUE.....….....	$ 0.00	$ 0.00	$ 0.00
EXPENSES:			
12. Personnel Costs.....……			
13. Professional Fees.....……..			
14. Supplies.....……			
15. Telephone.....……			
16. Postage & Shipping.....…….			
17. Occupancy.....…….			
18. Equipment Maint./Rental.....…….			
19. Printing & Publications.....…….			
20. Travel.....……			
21. Conferences/Meetings.....……..			
22. Miscellaneous/Other:			
a. _____……..			
b. _____……..			
c. _____……..			
23. Paid Affiliated Organizations……			
24. Allocated to Reserves.....……..			
25. TOTAL EXPENSES.....……..	$ 0.00	$ 0.00	$ 0.00
26. EXCESS(deficit) OF TOTAL REVENUE OVER EXPENSE	$ 0.00	$ 0.00	$ 0.00

(revised 10/2022)