

**WORTH COUNTY DEVELOPMENT AUTHORITY
GRANT APPLICATION FORM A**

PROJECT TITLE _____
AMOUNT APPLIED FOR \$ _____

- 1) **NAME OF APPLICANT** _____
2) **CONTACT NAME** _____
3) **COUNTY AND TOWNSHIP OF PROJECT** _____
4) **ADDRESS** _____
 PO Box _____
5) **CITY, STATE** _____ **ZIP** _____
6) **TELEPHONE** _____
7) **IRS EXEMPT STATUS-(ATTACH NON-PROFIT IRS LETTER)**

8) **FEDERAL I.D.#** _____ **DATE ORGANIZED** _____

9) **GIVE A DESCRIPTION OF THE PROJECT AND WHAT THE MONEY WILL BE USED FOR:**

10) **HOW MANY TIMES HAVE YOU APPLIED TO WCDA FOR THIS PARTICULAR PROJECT?**

11) **STATE SOURCE OF ADDITIONAL FUNDS AND AMOUNTS FROM EACH SOURCE. *NOTE-IF OUTSIDE OF WORTH COUNTY YOU MUST HAVE 25% MATCHING FUNDS.**

***NOTE: If entities outside of Worth County do not have at least 25% matching funds AT TIME OF GRANT REQUEST, their application will be pulled.**

12) HOW DOES THIS PROJECT ENHANCE THE QUALITY OF LIFE IN WORTH COUNTY AND/OR NORTH CENTRAL IOWA?

13) DOES THIS PROJECT ENHANCE ECONOMIC GROWTH? HOW?

14) IF THIS REQUEST CAN BE BROKEN DOWN INTO PARTS PLEASE PRIORITIZE THOSE PARTS AS SEPARATE ITEMS AND STATE THE DOLLAR AMOUNT REQUESTED.

15) ATTACH A PHOTO OR LINE DRAWING OF PROJECT WHEN AVAILABLE.

16) ATTACH DETAILED ESTIMATES FROM VENDORS.

17) ATTACH A COPY OF YOUR MOST RECENT FINANCIAL STATEMENT.

18) ATTACH IRS EXEMPTION LETTER.

***NOTE: APPLICATIONS WILL BE WITHDRAWN IF ITEMS 16, 17 AND 18 ARE NOT INCLUDED.**

All APPLICATIONS MUST BE IN OUR OFFICE BY 4 P.M. ON DATES DUE.

NO PROJECTS ARE TO BE STARTED UNTIL GRANT AWARDS ARE ANNOUNCED. IF PROJECTS ARE STARTED BEFOREHAND APPLICATIONS ARE NULL AND VOID.

WE CERTIFY THE ABOVE INFORMATION TO BE TRUE TO THE BEST OF OUR KNOWLEDGE AND APPLY FOR THIS GRANT IN GOOD FAITH.

NAME _____ TITLE _____
DATE _____

All grants need to be returned to the Worth County Development Authority Office located at: 91 8th St N, Northwood Iowa 50459. Please call Kim Miller at 641-324-1618 if you have any questions regarding the guidelines or application.

For WCDA Office use only

TRUSTEE
RECOMMENDATION _____

AMOUNT _____

SIGNATURE _____