**Instructions**

**Grant Program Purpose:**

Polk Decategorization (Decat), Community Partnerships for Protecting Children (CPPC), and Minority Youth and Family Initiative aim to support local, free events and programs that support children and families in Iowa that could be at risk of Child Welfare or Juvenile Court System involvement. Funding decisions are guided by our Mission Statements and Areas of Emphasis. *For a copy of our Mission Statements and Areas of Emphasis, click* [*here*](http://www.polkdecat.com/mission-statements.cfm)*.*

**Eligibility**

* Events/programs must be free to attend or participate.
* Event/programs must serve families and children in Polk County

**Rules**

* Organizations can only apply for 1 grant per fiscal year (July 1 – June 30)
* Applicants can apply for up to $500.00 per fiscal year

**Process**

1. Fill out the Community Grant Application.
2. Submit completed application to Polk Decat.
3. Polk Decat’s Steering Committee will complete a simple majority vote over the following 7 to 10 business days.
4. Applicants will be notified of the results of the vote.
5. Organizations who are successfully awarded a grant must sign a Memorandum of Understanding (MOU) before receiving funds.
6. A Check will be mailed to the applicant organization within 3 to 4 weeks after the MOU has been signed.
7. Recipient Organization will include Polk Decat, CPPC, and MFYI logos on their marketing materials for the program or event that is supported by this grant program. Decat team will provide logo file for use.
8. Organizations are required to send a report to Polk Decat about their event, by August 31st, of the following fiscal year, which will include the following:
	* Brief Description of the Event
	* Noteworthy outcomes
	* Number of People in Attendance

**Submit Applications to:**

Cassie Kilgore

ckilgor@dhs.state.ia.us

Polk Decat & CPPC

Polk County River Place Bldg.

2309 Euclid Ave.

Des Moines, IA 50316

**Application Form**

**Date:**

**Agency/Organization Name:**

**Agency/Organization Mission/Mission Statement**

(What does your agency do? What services does your agency provide? Who do you serve?):

**Contact Name:**

**Contact phone:**

**Contact Email:**

**Mailing Address:**

**Make Check Out To:**

**Name of Program/Event:**

**Describe of Program/Event:**

(Who, What, Where, When, Why)

**Target Audience of Program/Event:**

(Who will come to your event? Who do you WANT to come to your event?)

**Program/Event Timeline:**

(When is your event happening?)

**Funding Amount Requested (Up to $500):**

**How Will The Funds Support Your Program/Event:**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* The Signatory Requestor must be authorized by the Sponsoring Agency or Organization to request and receive funds on behalf of the Sponsoring Agency or Organization.