



Matching Grant Application Form

Our Purpose: We offer Matching Grants up to \$1,000 for beautification projects that enhance the appearance of public spaces in Polk County.

Date of Application: _____

Name of Organization: _____

Address: _____

Telephone Number: _____

Email: _____

Organization's Tax Identification Number: _____

What is your nonprofit status? _____

Summarize your organization's mission in the space provided:

Name and Title of Head of Organization
(CEO/Exec. Director/President/Board Chair)

Name: _____

Title: _____

Telephone Number: _____

Email: _____



Your Organization's Designated Representative for Grants (if different from above):

Name: _____

Title/Role in the organization: _____

Telephone Number: _____

Email: _____

Brief Project Description: _____

Grant Request Amount: \$ _____

Total Project Budget: \$ _____

Signature of Head of Organization: _____

Note that Total Budget must be double the amount of the Grant Request as this is a Matching Grant.

Grant Guidelines:

The Appearance Commission will seek to award grants in diverse locations throughout the geographic area of Polk County.

Selection Criteria Include:

- Street appearance
- Public Enhancement
- Tasteful landscaping including but not limited to trees, shrubs and flowers
- Well maintained property
- Effort rather than cost
- Creativity and effort combined
- Structural improvements
- Property in compliance with existing codes, taxes, etc.
- Property used by and for the public
- In kind work may be used for matching funds

Structural improvements for grant purposes include exterior renovations to the building that are visible from the street or sidewalks. These will also include public art, signage, awnings, planters, fountain features and similar elements.



What is your project?

On attached sheet(s) describe your proposed improvement project: provide samples, “before” photographs, pictures, or a rendering; show size; proposed color(s); method of cleaning brick storefronts; materials; location on property/building; manner of installation. If it is a landscape project, describe the establishment period maintenance (first year), including watering (automatic irrigation or manual), weeding, fertilizing, dead-heading, pruning, removal and replacement of dead plants, etc. and who will perform these tasks. Describe the subsequent two years’ maintenance requirements and who will be performing them. The commission is dedicated to plantings of native trees, bushes and flowers.

You may be required to meet with the Polk County Appearance Commission.

III. REQUIRED ATTACHMENTS:

A. Attach a detailed project budget on a separate sheet.

B. 501(c)(3) letter (see cover page).

IV. OPTIONAL ATTACHMENTS:

Your application maybe stronger if you include one or two hand signed letters of support from individuals familiar with or who will benefit from this proposed project

Date grant application is received by PCAC: _____

Received By: _____