

**APPENDIX A
GRANT PROPOSAL COVER SHEET**

Please complete all sections and attach this cover sheet to the final proposal.

A. Applicant Information.

Name of Organization: _____

Type of Organization: _____

Contact Person responsible for your grant request: _____

Mailing Address: _____

Street Address (If different): _____

Phone: () _____ FAX: () _____

E-Mail: _____

B. Project Information.

Project Title: _____

Project Goals: _____

C. Project Financial Information.

Funding requested from ISIEGP: _____

Total Project Budget: _____

D. Agreement and Certification.

Certification: The undersigned hereby certify that they have read the attached proposal and the Request for Application and that the information provided in this material is correct and complete. The undersigned hereby certify that they understand that the requests attached and submitted to the Attorney General's Office are subject to the Iowa Public Records Act.

Applicant Organization: _____

Signed By: _____

Title: _____

Date: _____

Signed By: _____

Title: _____

Date: _____

APPENDIX B

OUTLINE FOR NARRATIVE PROPOSAL

Each application must have a narrative proposal, not to exceed five pages, using the following outline and headings:

A. Organization Background.

1. Mission and history of the organization.
2. Constituents served.
3. A brief description of the organization's current projects and activities.

B. Definition of Problem/Statement of Need.

1. Define and document the problem or need addressed by this project.
2. Cite data to substantiate the significance of the need.
3. Include information that explains the problem. Examples include anecdotal evidence, literature reviews, personal stories, etc.

C. Project Description.

1. Describe your project.
2. Explain how the project will advance swine production in Iowa in an innovative manner.
3. Is your project evidence/researched based? If yes, please briefly describe. If not, why not?
4. Will any subcontractors be used in this project? If yes, include name and address of each subcontractor in the narrative, the qualification of each contractor, the scope of work to be performed by each contractor, and the estimated dollar amount of each subcontract. Also attach to the application any letter of agreement or memo of understanding with a subcontractor to be used in this project.

D. Project Goals and Objectives.

1. List the project's goal(s) and specific measurable objectives.
2. Describe the methods and activities to be used to accomplish these objectives. By whom, where, and when?
3. Include a timetable of key methods and activities.

E. Continued Funding Sources.

1. If the project requires continued funding, describe in detail where and how future funding will be acquired.

Appendix B (Cont.)

F. Collaboration With Others.

1. If the project is similar to or duplicates other existing programs, how will this project's approach be different from already established efforts.?
2. If other individuals or organizations are conducting similar programs, what attempts have been made (or will be made) to collaborate with these individuals or organizations.

G. Evaluation.

1. How will the project be evaluated as successful in advancing swine production in Iowa in an innovative manner.
2. Describe what data will be collected will be collected to evaluate the program, how it will be collected, and how will the data be used to evaluate the success of your project.

APPENDIX C

BUDGET REQUEST SUMMARY FORM

Organization:

| | TOTAL |
|---|--------------|
| 1. Project Staff Salary & Benefits | |
| 2. Project Staff Travel | |
| 3. Office Operations <i>(includes expenses for telephones, postage, copying & supplies)</i> | |
| a. | |
| b. | |
| c. | |
| d. | |
| 4. Other Direct Costs <i>(includes expenses for printing, equipment, space rental)</i> | |
| a. | |
| b. | |
| c. | |
| d. | |
| 5. Consultant Fees | |
| 6. Subcontract(s) | |
| Total Direct Costs: | \$ |
| 7. Indirect Costs (maximum 10% of total direct costs) | |
| Total Budget Request: | \$ |

**APPENDIX D
LINE ITEM BUDGET**

Organization:

1. Project Staff Salary & Benefits

| | Name | Title | FTE % | Salary | Benefits | Total |
|-------------------------------------|------|-------|-------|--------|----------|-------|
| a. | | | | | | |
| b. | | | | | | |
| Total Salary & Benefits: | | | | | | |

2. Project Travel

| | Location | Purpose | Air/Mileage | Hotel | Incidental | Total |
|------------------------------|----------|---------|-------------|-------|------------|-------|
| a. | | | | | | |
| b. | | | | | | |
| Total Project Travel: | | | | | | |

3. Office Operations *(Includes expenses for telephones, postage, copying & supplies)*

| | Expense Title | Vendor | Monthly Charge | Total |
|---------------------------------|---------------|--------|----------------|-------|
| a. | | | | |
| b. | | | | |
| Total Office Operations: | | | | |

4. Other Direct Costs *(Includes expenses for printing, equipment, space rental)*

| | Expense Title | Vendor | Monthly Charge | Total |
|----------------------------------|---------------|--------|----------------|-------|
| a. | | | | |
| b. | | | | |
| Total Other Direct Costs: | | | | |

5. Consultants

| | Name | Organization | Activity | Fees | Total |
|---------------------------|------|--------------|----------|------|-------|
| a. | | | | | |
| b. | | | | | |
| Total Consultants: | | | | | |

6. Subcontract(s)

| | Organization | Contact Person | Activity | Total |
|------------------------------|--------------|----------------|----------|-------|
| a. | | | | |
| b. | | | | |
| Total Subcontract(s): | | | | |

7. Other

| | Expense Title | Purpose | Justification | Total |
|------------------------------|---------------|---------|---------------|-------|
| a. | | | | |
| b. | | | | |
| Total Other Expenses: | | | | |

APPENDIX E

OTHER SOURCES OF SUPPORT

Organization:

1. Other Sources of Support for the Project Not Secured as a Direct Result of Receiving a Grant from ISIEGP

| | Funding Source | Amount or Value of In-Kind | How Support will be Utilized | Total |
|----|----------------|----------------------------|------------------------------|-------|
| a. | | | | |
| b. | | | | |
| | | | | |

2. Other Sources of Support for the Project Not Secured as a Direct Result of Receiving a Grant from ISIEGP

| | Funding Source | Amount or Value of In-Kind | How Support will be Utilized | Total |
|----|----------------|----------------------------|------------------------------|-------|
| a. | | | | |
| b. | | | | |

APPENDIX F

SUPPORTING DOCUMENTS - ORGANIZATIONAL INFORMATION

Each application must have a document containing the following information in the following form:

A. Organizational leadership.

1. List names and titles of the leadership of the applicant's organization, including trustees, directors, board officers and key staff personnel.

B. Organizational Budget.

1. Provide a description of the operating budget of the applicant's organization, including a list of principle sources of income.

C. Financial Information.

1. Provide the most current monthly statement of the applicant's organization
2. Provide the most current year-end financial statement of the applicant's organization (and, if available, a copy of an audited statement).