



Iowa Power Fund Community Grants Application

This application form shall be used to submit an Iowa Power Fund Community Grant project proposal.

1. All applicants are required to register and apply for funding through www.iowagrants.gov. Please also mail a signed original and electronic copy to Jessica Turba at OEI by March 5, 2010. **Only when the application is submitted through iowagrants.gov and OEI receives a signed and electronic copy is the application complete.**

**Iowa Office of Energy Independence
C/o Jessica Turba, Program Planner
Wallace Building
502 E 9th St
Des Moines, IA 50319**

Send Electronic Application to: jessica.turba@iowa.gov

2. Only type written applications will be accepted and reviewed, any change to the format, questions, or wording of questions presented in this application, may render the application invalid. Only Arial 11 font is acceptable.
3. All information submitted as part of this application, as well as any additional information requested by the Office will be used to evaluate this application.
4. Applicants are encouraged to submit letters of support for their project. This can include letters from community leaders, business owners, nonprofits and utilities.
5. All projects must be completed within a 6 month period to be eligible for funding.
6. All projects must meet a 50% cost share requirement to be eligible for funding. State dollars cannot be used as match in the project detail.
7. All projects must describe how it will reduce energy consumption/save energy units and save dollars spent on energy within the community to be eligible for funding.
8. All projects must detail their budget expenses by category for their funding request and their matching funds secured. All spending in a project must meet state guidelines for funding. *For example only state rates will be paid out for travel and meal costs.*
9. All projects are eligible for \$1,000 to \$50,000 in funding.
10. Complete the requested information in the space provided in the text fields. Only technical assessments are permitted, do attach various supporting documents for application answers. Complete the applicable sections fully, if questions are not answered completely please include an explanation. Always use clear and concise language when completing the application. Any inaccurate information of a significant nature may disqualify the application for consideration.

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11. Information submitted to the Office of Energy Independence (OEI) in this application is governed by the Public Records Law under Iowa Code Chapter 22. Applicants should review Iowa Code Chapter 22 and the Office of Energy Independence Administrative Rules before submitting confidential information. Public records may be either open records or confidential records. All open records are available to the public for examination and copying; confidential records may be withheld from the public.

All questions on the application should be addressed to:

Jessica Turba at 515-725-0437 or jessica.turba@iowa.gov
 Brian Crowe at 515-725-2066 or brian.crowe@iowa.gov

1. APPLICANT INFORMATION

Applicant Entity:		
Authorized Representative- Name and Title:		
Complete Mailing Address:		
County:	State Tax ID:	Federal Tax ID:
Phone:	Fax:	E-mail:

If more than one entity or organization is involved with the project, please state the name, contact person, mailing address, and telephone number of the second agency. (Attach additional sheets for more than two organizations.)

Applicant Entity:		
Authorized Representative- Name and Title:		
Complete Mailing Address:		
County:	State Tax ID:	Federal Tax ID:
Phone:	Fax:	E-mail:

2. APPLICATION PREPARER/STAFF CONTACT INFORMATION

Name and Title:		
Address:		
Phone:	Fax:	E-mail:

3. CERTIFICATION

I, the undersigned authorized representative of the applicant, certify that I have the authorization to file this application for assistance from the Iowa Office of Energy Independence. I further certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief, and that the applicant will adhere to all federal and state requirements.

Signature:		Date:	
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4. CATEGORICAL AREA TO BE ADDRESSED BY PROJECT

Please check all that apply:

<input type="checkbox"/> (1) Promotion of renewable energy systems	<input type="checkbox"/> (2) Development of community energy savings plan
<input type="checkbox"/> (3) Promotion of community energy savings opportunities	<input type="checkbox"/> (4) Kindergarten through twelfth grade education program
<input type="checkbox"/> (5) Creation of community or regional energy efficiency alliance	<input type="checkbox"/> (6) Energy efficiency public awareness campaign

5. PROJECT ADDRESS & UTILITY PROVIDER IN AREA

Project Address:	
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6. PROJECT DISTRICT

Please note which district(s) your project will take place. For information regarding your district please consult <https://writerep.house.gov/writerep/welcome.shtml>; <http://www.legis.state.ia.us/FindLeg/>

Project US Congressional District: 1-5	Iowa Senate District: 1-50	Iowa House of Representatives District: 1-100

7. PROJECT PURPOSE

Please describe how the projects will reduce energy consumption/save energy units and save dollars spent on energy within the community. Include materials and modeling information used in calculations. How will the outcome be quantified and reported? How will success be determined? Briefly describe the community support for the project, and how the project has engaged both the public and private sector.

8. Scope of Work

Detail the tasks associated with the project, including the length of time needed, measurement strategy, and cost associated for completion.

Task	Start Date	Completion Date	Performance Measures	Cost

9. BUDGET DETAIL

Please attach detailed cost estimates for each item with this application

Cost Estimates	Anticipated Funding Sources	
	Iowa Power Fund	Other Funding Sources <small>*cannot use other state funds in match</small>
Salaries and Benefits		
Administrative Costs		
Professional Services		
Materials Cost		
Equipment Cost		
Indirect cost*		

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Other Costs (please list separately)		
*no more than 10% of the project funds can be spent on indirect costs.		
Subtotals		
Iowa Power Fund and Project Applicant total project contribution percentage	%	%

Are there any other state funds being used for this project? Yes No

If yes, please describe the source and intent of all state funds being used in this project.

Are there any federal funds being used for this project? Yes No

If yes, please describe the source and intent of all federal funds being used in this project.

10. SOURCES OF OTHER FUNDS

Examples include local funding, other federal funding, in-kind contributions, etc. A minimum of 50 percent cost share is required for project consideration. All cost share must be quantifiable.

Source and Type of Funds	Dollar Amount	Percentage of project cost	Date Funds Will Be Secured	Cash or In-Kind
1. Iowa Power Fund		%	TBD	cash
2.		%		
3.		%		
4.		%		
5.		%		
6.		%		
TOTAL Project Budget				

11. BUDGET IMPACT

Briefly describe how costs were arrived at for the Iowa Power Fund and matching funds secured, what is the plan for unintended cost or additional cost?

12. PROJECT SUSTAINABILITY

Briefly describe how the project will be sustained after investment from the Iowa Power Fund. How will the project have a lasting impact on the community? How can this be measured? Please Provide a Scope of Work to evaluate all tasks and measurable associated with the Project.

13. FEASIBILITY AND READINESS

If you choose "No," please explain why and whether there are plans for that item to be completed. Please attach your completed project plan, including all required documentation, with this application.

	Yes	No	N/A
All necessary funds other than Iowa Power Fund, funding has been secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation (if necessary):			
Project plans and partnerships are prepared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation (if necessary):			
Staff and/or contractors are in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation (if necessary):			

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14. PROJECT SCHEDULE

Please give the dates for which the project can begin and when it will be completed; please note all projects must be completed within 6 months.

Beginning Date:	
Completion Date:	

15. REPLICABILITY AND VISIBILITY

Briefly describe how this project will be marketed throughout the community, and how the project will be replicable for other entities? Briefly describe the project marketing plan. How will project information be delivered to the public?

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16. ADMINISTRATIVE & TECHNICAL CAPABILITY

Briefly describe the administrative and technical experience of the individuals responsible for the project and the results of their past efforts (please attach a resume and any other necessary information. Please list all individuals who will have an important role in the project. Include a brief biography for each individual.

17. OTHER

Briefly include any other relevant information relating to the application. Items may include related activities in the area and any other success stories that showcase the applicants' qualifications to complete the project.

18. Minority Impact Statement

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups. Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).

The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.
 Yes No

Indicate which group is impacted:

- Women
- Persons with a Disability
- Pacific Islanders
- American Indians
- Other
- Asians
- Blacks
- Latinos
- Alaskan Native Americans

Describe the positive impact expected from this project?

The proposed grant project programs or policies could have a disproportionate or unique negative impact on minority persons.

Describe the negative impact expected from this project

Present the rationale for the existence of the proposed program or policy.

Provide evidence of consultation of representatives of the minority groups impacted.

- Women
- Persons with a Disability
- Pacific Islanders
- American Indians
- Other
- Asians
- Blacks
- Latinos
- Alaskan Native Americans

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name: _____ **Title:** _____

Definitions

"Minority Persons", as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

"Disability", as defined in Iowa Code Section 15.102, subsection 5, paragraph "b", subparagraph (1): b. As used in this subsection:

(1) "Disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

"Disability" does not include any of the following:

- (a) Homosexuality or bisexuality.
- (b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.
- (c) Compulsive gambling, kleptomania, or pyromania.
- (d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

"State Agency", as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.