

# 2026 Make Communities Happen Cohort Application

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*Community Foundation for Western Iowa*

## *Organization Information*

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### **Organization Type\***

Choose from the list below to best describe the organization best representing your project.

#### **Choices**

Government Entity

Church/Faith based organization

501(c)3 community development organization/nonprofit

501(c)6 member organization

Community group of actively engaged citizen leaders

I don't currently belong to a specific community group

### **Mission statement (if applicable)**

*Character Limit: 1100*

### **Describe your community's key demographics\***

Examples may include: total population, average age, gender, income, etc.

*Character Limit: 250*

## *Community Project & Impact*

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### **Project Identification\***

Explain the process you used to identify and prioritize the issue you are addressing and how you selected the project you are bringing forward.

*Character Limit: 3000*

### **Current Project/Impact\***

Explain in detail your current community project or impact you are looking to move forward in your community. Please include any key performance indicators, such as expected output, intended outcomes, and desired impact.

*Character Limit: 3000*

### **Stakeholders & Collaborators\***

Tell us about the folks in your community who are working alongside you and their roles. Include those you feel are collaborators, stakeholders, and/or contributors to the process. Who do you feel is missing from this list?

*Character Limit: 2000*

### **Community Engagement\***

Explain how your group is currently engaging the community to foster purpose and passion behind your community project.

*Character Limit: 3000*

### **Challenges\***

What challenges are currently standing in the way for you to meet your goals and intended outcomes?

*Character Limit: 2000*

### **Small Wins\***

List 3 small wins that would create big impact for your project and community.

*Character Limit: 250*

### **Organization's Ability to Act & Create Change\***

Characterize your organization's/group's ability and willingness to create positive change. Also address what you feel are some roadblocks that are hindering you from moving forward.

*Character Limit: 2000*

### **Creating Progress\***

Other than a blank check, what would be useful in moving the needle forward and creating progress for your project and community?

*Character Limit: 3000*

### **Other Considerations\***

Please list any other relevant information that you feel qualifies your organization/group to participate in the 2026 Make Communities Happen cohort sessions.

*Character Limit: 250*

### **Cohort Fee\***

If selected, I understand a \$249 cohort fee will be invoiced and will cover the cohort cost for two participants. The total value of this six month cohort is \$5,500.00. There will be a limited number of scholarships available to the communities selected. In order to apply for a scholarship, please contact Samantha Kruse at [skruse@givewesterniowa.org](mailto:skruse@givewesterniowa.org)

### **Choices**

Yes

No

### **Attendance\***

Attendance is a critical part of the learning process. If selected, I understand that 100% participation/attendance is required for all sessions. If you or your cohort team member are

unable to attend a particular session, please let us know which session and why.

Cohort sessions are scheduled from 8:30 a.m. - 4:00 p.m. on the following dates:

July 23, 2026

August 27, 2026

September 24, 2026

October 29, 2026

November 19, 2026

January 28, 2027 | Graduation

*Character Limit: 250*

### **Cohort Members\***

If selected, please list the two cohort participants from your organization/group. Please include their first and last name, email address, and phone.

*Character Limit: 250*

## *Electronic Signature*

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### **Authorized Signature\***

**Please Note:** By entering data into the next three (3) fields, calling for insertion of your Name, Title, and Date, you are:

- (1) representing that you are an officer or other agent for the applicant duly authorized to apply on behalf of the organization/group
- (2) agreeing to submit this Make Communities Happen application in an electronic form on behalf of the organization/group, which shall be bound by its contents as an electronic transaction
- (3) agreeing that your insertion of data into these following fields constitutes an electronic signature.

### **Name\***

*Character Limit: 100*

### **Job Title\***

*Character Limit: 100*

### **Date\***

*Character Limit: 10*