

For office use ONLY: Ref No: _____ Date Entered: _____

ENDOW URBANDALE GRANT APPLICATION

If you are awarded a grant you will be expected to provide a follow-up report to Endow Urbandale upon completion of the project/program.
PLEASE SUBMIT YOUR APPLICATION TO: ENDOW URBANDALE | PO BOX 42201 | URBANDALE, IA 50323

Section 1: Contact Information

Organization:

Contact Name:

Title: _____

Address:

Telephone:

Email:

Mailing address for award:

(If different from organization address.)

Board Information

Frequency of Organization's Meetings: _____

Name(s) of the Organization's Officers and Board of Directors:

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

6.) _____

7.) _____

8.) _____

9.) _____

10.) _____

Mailing address for Organization's Officers and Board of Directors *(If different from organization address.)*

Section 2: Organization Information

Federal Tax Identification Number:

Internal Revenue Service Designation:

Is your organization a 501(c)(3)?

Yes

No

Amount Requested:

Organization Mission Statement:

Describe the project/program for which support is requested:

Describe how and when the funds will be used:

Describe the goal of the project/program and the target beneficiaries:

Section 2: Organization Information

If selected for the grant, how will your organization promote Endow Urbandale?:

Describe the importance to the success of the project/program of receiving and Endow Urbandale grant at this time *(critically of need)*:

Section 3: Budget

Provide a basic budget for the project/program

(For projects, provide budget information for the term of the project; for on-going programs, provide budget information for the current fiscal year.):

Expenditures:

Salaries and Benefits:

\$ _____ % of budget

Administrative Expenses:

\$ _____ % of budget

Fundraising Expenditures:

\$ _____ % of budget

Amount expended directly on participants:

\$ _____ % of budget

Equipment/Furnishings:

\$ _____ % of budget

Capital Infrastructure Expenditures:

\$ _____ % of budget

Other:

\$ _____ % of budget

Total Anticipated Expenditures:

\$ _____ % of budget

Revenues:

Governmental Assistance:

\$ _____ % of budget

Other Public Contributors:

\$ _____ % of budget

Private Contributors:

\$ _____ % of budget

Individual Donations:

\$ _____ % of budget

Other:

\$ _____ % of budget

Total Anticipated Revenues:

\$ _____ % of budget

Please attach a balance sheet for your organization listing the values of all assets and liabilities current as of the most recent month-end or quarter-end preceding the date of this application.