

For office use ONLY: Ref No: \_\_\_\_\_ Date Entered: \_\_\_\_\_

## ENDOW URBANDALE GRANT APPLICATION

### Section 1: Contact Information

Organization:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Contact Name:

\_\_\_\_\_

Email:

\_\_\_\_\_

Title: \_\_\_\_\_

**Mailing address for award:**

*(If different from organization address.)*

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list your website URL and any social media platforms, i.e., Facebook, Instagram, Twitter:

Website: \_\_\_\_\_

Facebook @ \_\_\_\_\_

Instagram @ \_\_\_\_\_

Twitter @ \_\_\_\_\_

LinkedIn @ \_\_\_\_\_

Other: \_\_\_\_\_

## Section 2: Organization Information

Federal Tax Identification Number: \_\_\_\_\_

**Internal Revenue Service Designation:**

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

YES     NO

## Board Information

Frequency of Organization's Meetings: \_\_\_\_\_

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

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

1.) \_\_\_\_\_

\_\_\_\_\_

2.) \_\_\_\_\_

\_\_\_\_\_

3.) \_\_\_\_\_

\_\_\_\_\_

4.) \_\_\_\_\_

\_\_\_\_\_

5.) \_\_\_\_\_

\_\_\_\_\_

6.) \_\_\_\_\_

\_\_\_\_\_

7.) \_\_\_\_\_

\_\_\_\_\_

8.) \_\_\_\_\_

\_\_\_\_\_

9.) \_\_\_\_\_

\_\_\_\_\_

10.) \_\_\_\_\_

\_\_\_\_\_

## Section 3: Grant Information

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1. Organization mission statement:
2. Describe the project/program for which support is requested:
3. Describe how and when the funds will be used:
4. State the amount requested: \_\_\_\_\_
5. Describe the goal of the project/program and the target beneficiaries:
6. If selected for a grant, how will your organization promote Endow Urbandale:
7. Describe the importance to the success of the project/program of receiving an Endow Urbandale grant at this time: *(critically of need)*

## Section 4: Budget

### 8. 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:**

\$ \_\_\_\_\_ **100** % of budget

**Revenues:**

**Governmental Assistance:**

\$ \_\_\_\_\_ % of budget

**Other Public Contributors:**

\$ \_\_\_\_\_ % of budget

**Private Contributors:**

\$ \_\_\_\_\_ % of budget

**Individual Donations:**

\$ \_\_\_\_\_ % of budget

**Fundraising Activities:**

\$ \_\_\_\_\_ % of budget

**Other:** \_\_\_\_\_

\$ \_\_\_\_\_ % of budget

**Total anticipated revenues:**

\$ \_\_\_\_\_ **100** % of budget

Please attach a balance sheet listing the value of all current assets and liabilities as of the most recent month-end or quarter-end preceding the date of this application. Other information/documents may be attached as needed.

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**