

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

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)*
8. COVID-19 Pandemic Emergency Relief Fund. If you believe this application may qualify for an emergency grant from the Relief Fund, please provide a brief statement describing those emergency circumstances.

Section 4: Budget

9. 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