

Variety – the Children's Charity 505 5th Avenue, Suite 310 Des Moines, IA 50309 Phone: (515) 243-4660 alexa@varietyiowa.com varietyiowa.com

Variety Office Use Or	nly: 2024	
Date Received:	501(c)(3):	
Attachment A:	W9 Form:	
Attachment B:	990:	
Attachment C:	Audit:	
Attachment D:	Photo:	
Emailed Copy:		
Subcommittee:	Area:	

## **2024 GENERAL FUNDING GRANT APP**

Name of Organization (DBA):			
Organization's Legal Name (if different	than above):		
Executive Director/CEO/President:			
Contact Name for this Application:			
Address:			
Phone Number:	E-mail:		
Website:	EIN (Tax #):		Year Founded:
Grant amount requested from Variety	(in whole dollars): \$	j	
Total budget of the project or program	that your grant rec	uest is for: \$	
Grant would Fund (in 20 words or less)	:		
How many children does your organiza Please estimate the ethnic breakdown	tion serve on an an	nual basis?	
AsianHispanic		-	
Estimate what percentage are Female:			
How many children will this specific gra	ant impact on an an	nual basis?	
What is the age range of the children th	his grant will serve?		
If applicable, what year did you last rec	eive a grant from V	ariety? Amo	unt: \$
What was the grant used for in that yea	ar?		

Below, please show us how your organization is supported annually. Variety is requesting local financial information, not national or international financials.

Please indicate the source for this i (i.e., audit, 990, budget or other wit	nformation: h explanation)	
Time period covered: Calendar yea	r or fiscal year beginning	and ending
INCOME (list dollar amount and pe	rcentage)	
City/County Grants	\$	%
State Grants	\$	%
Federal Grants	\$	%
United Way	\$	%
Title 19 or 20	\$	%
Fees/Private Pay	\$	%
Corporate Gifts	\$	%
Individual Gifts	\$	%
Foundation Gifts	\$	%
Other (Explain)	\$	%
Total Income	\$	100 %

#### DONORS

Please list your top three donors and/or grants with amounts

Donor:	\$
Donor:	\$
Donor:	\$

#### EXPENSE

Please show the expenses your organization incurs annually:

Administrative	\$			%
Fundraising				%
Programs	\$			%
Dues to National/Int'l Affiliation				%
Other (Explain)	\$			%
Total Expense	\$		100	%
Does your organization have an endow	vment?			
If so, what is the current balance?				
What is the purpose for the endowme	nt?			
Does your organization have reserve d	ollars set aside?			
If so, what is the current balance?				
What is the purpose for these reserve	dollars?			
Do you foresee any challenges for the	upcoming year? If so	), what is your plan to a	ddress the challeng	 e(s)? 
				_
If awarded a Variety grant, how will yo	our organization reco	gnize this award?		_
What will you do if you're unable to re	ceive the requested	funding?		_
The information provided in this appl	ication is true to the	best of my knowledge		—
Signature		Date		
Title				

### **A**TTACHMENTS

Attachments A, B, C and D should be collated together with each copy of the Grant Application (for a total of **two** collated hard copies). Do not include brochures, DVDs, CDs, flash drives or other materials unless they are 8½ x 11.

All submitted materials should be three-hole punched and should fit easily into a three-ring binder. Do not put your submitted materials in folders, binders, plastic covers, etc. Keep documents in order and do not use staples. Paperclips and rubber bands are acceptable. Documents may be two-sided. Please do not use cover sheets in front of various attachments.

Emailed files should be labeled as listed below. Submit each PDF as an individual attachment. (Do not scan all attachments as one document.)

Proposal Checklist (all items must be included for consideration) Email items to alexa@varietyiowa.com.

Email	Hard Copy	
1	2	COMPLETED GRANT APPLICATION FORM
_1	2	ATTACHMENT A: OVERVIEW Provide an overview of your organization and the services you provide.
_1	2	ATTACHMENT B: PROJECT DESCRIPTION Provide a summary that addresses the following categories: project description, what the funds would purchase, needs statement, who will benefit, total project budget, and project timeline.
1	2	ATTACHMENT C: BOARD OF DIRECTORS/GOVERNING BODY
_1	2	ATTACHMENT D: COMPLETED GRANT REPORTING FORM If applicable, please include a copy of your completed Grant Reporting Form from 2023. If your grant was for a van, you do not need to include the Van Status Report.
1	_N/A_	ATTACHMENT E: 501(c)(3) DESIGNATION LETTER FROM THE IRS If you are unsure if you are a 501(c)(3) contact the office at 515-243-4660.
_1	<u>_N/A</u> _	ATTACHMENT F: SIGNED AND CURRENT W9 FORM
_1	<u>N/A</u>	ATTACHMENT G: MOST RECENT AUDIT If you do not have an AUDIT performed, please attach your most recent internal financials for the last FULL years (balance sheet and statement of activities).
1	_N/A	_ ATTACHMENT H: MOST RECENT 990

\_\_1\_\_\_N/A\_ Digital photo of the children you serve that we may publicize

# Hard copies and emailed copy of the complete application must be RECEIVED (not postmarked) by the Variety office no later than NOON on Friday, May 24, 2024. For emailed copy, please label attachments as listed above.

Please refer to the "General Grant Funding Guidelines" for additional information.