

# VARIETY – THE CHILDREN’S CHARITY

## 2010 Grant Review Process

### **APPLICATION DEADLINE**

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**Charity requests must be submitted to the Variety office no later than 4:00 p.m. on Friday, May 28, 2010.** There will be no exceptions. Any requests received after May 29 at 4:00 p.m. will not be considered. ***Please note: Grant applications cannot be submitted by fax or email.***

Please contact us if you would like the application e-mailed to you as a Word attachment ([stateoffice@varietyiowa.com](mailto:stateoffice@varietyiowa.com)) or you can download it from our web page at [www.varietyiowa.com](http://www.varietyiowa.com).

### **FUNDING GUIDELINES**

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Variety – The Children’s Charity is a non-profit organization committed to serving special-needs children. We primarily fund brick and mortar projects, equipment, programming, and other tangible items that directly serve children. We help support agencies that provide care, treatment, activities and shelter to critically ill, underprivileged, at-risk, and special needs children. Administrative needs and other intangibles will not be considered for funding. If you have questions regarding eligibility, please contact Sheri McMichael at 515-243-4660 or [sheri@varietyiowa.com](mailto:sheri@varietyiowa.com).

Funds may be distributed in Iowa and surrounding communities to accredited tax-exempt **501(c)(3) children’s organizations only.**

### **GRANT REVIEW PROCESS**

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The Variety Board of Directors forms subcommittees and assigns a liaison to each request. Your liaison will not act as an advocate or as an adversary, but rather as a collector of data. It is our intent to insure that liaisons do not have a potential conflict of interest. The liaison will contact your organization sometime in late June or early July to follow up on your request. The review may be performed over the phone or the liaison may visit your organization. Your organization may be asked to make a short presentation to the subcommittee at the Variety office. If your organization does not fall within our guidelines, you will be notified accordingly.

The subcommittees will make recommendations to the Executive Charity Committee of the Board of Directors. Final approval of all grant requests will be made by the full Variety Board of Directors. Disposition of each request is anticipated to be no later than August 31, 2010, at which time you will be notified of the Board's decision by letter.

# 2010 GRANT APPLICATION

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**Deadline: Friday, May 28, 2010 at 4:00 p.m.**

Please complete this application and send a total of ten (10) collated copies to Variety – The Children’s Charity at the address above. The ten copies should include:

ATTACHMENT I (overview)

ATTACHMENT II (project description)

ATTACHMENT III (Board of Directors) as described later in the application.

In addition, please send only one (1) copy of:

your most recent 501(c)(3) designation letter from the Internal Revenue Service (ATTACHMENT IV);

your most recent financial statement (audited if available) (ATTACHMENT V)

your most recent 990 (ATTACHMENT VI).

All paperwork, including the grant application and attachments, **must be 3-hole punched**. Copies of the application and attachments may be 2-sided.

If you choose to reproduce this form, it needs to be as similar as possible to the original grant application form. Please contact us if you would like the application e-mailed to you as a Word attachment. You can also download it at [www.varietyiowa.com](http://www.varietyiowa.com).

If you are requesting more than one grant, you must submit a separate application form for each request. Please do not request two grants on the same application form.

**DO NOT INCLUDE THIS PAGE WITH YOUR COPIES!**

Please return to:

**Variety – The Children’s Charity**

505 5th Avenue, Suite 310  
Des Moines, IA 50309  
Phone: (515) 243-4660  
Email: [stateoffice@varietyiowa.com](mailto:stateoffice@varietyiowa.com)

*Office Use Only*

Date Received: \_\_\_\_\_ Board of Dir: \_\_\_\_\_  
Subcommittee: \_\_\_\_\_ Fin. Stmt: \_\_\_\_\_  
501(c)(3): \_\_\_\_\_ Area: \_\_\_\_\_

**SECTION I**

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Is this request for a Variety Van?: (circle one) YES NO Wheelchair lift? YES NO

*If you are requesting a Variety Van or transportation funding, complete all pages. If you are not, do not complete Section II and do not include Section II in your returned application.*

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_

Grant amount requested from Variety (If for van, write van): \$ \_\_\_\_\_

Grant would fund: \_\_\_\_\_

If applicable, what year did you last receive a grant from Variety? \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Amount Granted: \_\_\_\_\_

What was the grant used for in that year? \_\_\_\_\_

How many children do you serve? Daily Basis: \_\_\_\_\_ **OR** Annual Basis: \_\_\_\_\_

What is their age range? \_\_\_\_\_

What special needs or handicaps do your children have? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Below, please show us in general how your organization is supported annually:

		Percentage:
City Grants	\$ _____	_____
County Grants	\$ _____	_____
State Grants	\$ _____	_____
Federal Grants	\$ _____	_____
United Way	\$ _____	_____
Title 19 or 20	\$ _____	_____
Fees/private pay	\$ _____	_____
Corporate Gifts	\$ _____	_____
Individual Gifts	\$ _____	_____
Foundation Gifts	\$ _____	_____
Other (Explain) _____	\$ _____	_____
Other (Explain) _____	\$ _____	_____
<b>Total Income</b>	\$ _____	<b>100 %</b>

Please show in general the expenses your organization incurs annually:

Administrative	\$ _____	_____
Fundraising	\$ _____	_____
Programs	\$ _____	_____
Dues to National/Int'l Affiliation	\$ _____	_____
Other (Explain) _____	\$ _____	_____
Other (Explain) _____	\$ _____	_____
<b>Total Expense</b>	\$ _____	<b>100 %</b>

**The information provided in this application is true to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

## ATTACHMENTS:

Attachments I, II and III should be included with each copy of the grant application (for a total of ten (10) copies). Attachments IV, V, and VI (one (1) copy of each) should be placed on top of the ten copies.

**All attachments should be 3-hole punched and should fit easily into a 3-ring binder. Do not put materials in folders, binders, etc. It is acceptable to include brochures, but these also need to be 3-hole punched. Copies may be 2-sided.**

- \_\_\_\_ ATTACHMENT I: OVERVIEW (10 copies)  
Please attach a 1-3 page overview of your organization and the services you provide.
  
- \_\_\_\_ ATTACHMENT II: PROJECT DESCRIPTION (10 copies)  
Please attach a 1-3 page summary which addresses the following categories: project description, what the funds would purchase, needs statement, who will benefit, project budget, and project timeline. **If you are requesting a Variety Van or transportation funding, this attachment is not required.**
  
- \_\_\_\_ ATTACHMENT III: BOARD OF DIRECTORS or other GOVERNING BODY (10 copies)
  
- \_\_\_\_ ATTACHMENT IV: 501(c)(3) DESIGNATION letter from the IRS (1copy)
  
- \_\_\_\_ ATTACHMENT V: Most recent FINANCIAL STATEMENT (audited if available) (1 copy)  
If it is bound, please either make a copy of it or remove it from the binding.
  
- \_\_\_\_ ATTACHMENT VI: Most recent 990 (1 copy)

## **SECTION II: APPLICATION FOR A VARIETY VAN OR TRANSPORTATION FUNDING**

**ONLY complete and copy this section if you are requesting a Variety Van or transportation funding. NOTE: You must also complete Section I. Do not include this section in your application if you are not applying for a van.**

Request for: 15 passenger van \_\_\_\_\_

15 passenger van with a lift \_\_\_\_\_

Minivan \_\_\_\_\_

If you are requesting a van with a lift, how many wheelchair cases do you have? \_\_\_\_\_

Are the children who will benefit from the van (or transportation funds) residents in your facility?  
\_\_\_\_\_

If your children are not residents, how do they get to your facility? \_\_\_\_\_  
\_\_\_\_\_

What transportation do you currently have? \_\_\_\_\_  
\_\_\_\_\_

If you have transportation, how much do you spend per year on insurance and maintenance? \_\_\_\_\_

Where do the funds come from to pay your transportation costs? \_\_\_\_\_  
\_\_\_\_\_

If transportation is supported by public funds or another agency, please be specific:  
\_\_\_\_\_

Do you currently use any form of public transportation? (*please circle one*) YES NO

If no, please describe why not: \_\_\_\_\_  
\_\_\_\_\_

If yes, would this van (or transportation funds) replace your use of the public transportation system? \_\_\_\_\_

How much do you spend (in general) per year on public transportation? \_\_\_\_\_

How would you pay for maintenance and insurance on the van you are requesting?  
\_\_\_\_\_

What amount could you contribute towards the purchase of a Variety Van? \_\_\_\_\_

Where would these funds come from? \_\_\_\_\_

Have you approached other sources for help in purchasing a vehicle? \_\_\_\_\_

If so, please name the sources and results of your request. \_\_\_\_\_

Please summarize (below or on an attached sheet) your organization's need for transportation, who will be served, and any other information you would like to provide regarding your request for a Variety Van.

Describe your transportation needs on a typical day **during the school year** (see example Please photocopy this table if you need additional room.

Trip Frequency	Times	Number of Passengers	Pick-Up	Destination	Estimated Round Trip Miles
<i>Daily</i>	<i>9 am</i>	<i>8</i>	<i>Variety</i>	<i>Hospital</i>	<i>24</i>
<i>Every Tues</i>	<i>2 pm</i>	<i>12</i>	<i>Park</i>	<i>Variety</i>	<i>10</i>

Describe your transportation needs on a typical day **when school is not in session**.

Trip Frequency	Times	Number of Passengers	Pick-Up	Destination	Estimated Round Trip Miles

Considering the above schedule, please estimate your annual mileage on this van: \_\_\_\_\_

Would this be your first Variety Van? \_\_\_\_\_  
Vans:

Please give details of existing Variety

	<b>Vehicle 1</b>	<b>Vehicle 2</b>	<b>Vehicle 3</b>
Vehicle Identification Number			
Passenger size, make, year			
Mileage			

Are any of the above vehicles currently used for the program(s) you are requesting this grant for? \_\_\_\_\_

If yes, please identify which one(s)? \_\_\_\_\_

All vans that are granted by Variety – The Children’s Charity of Iowa must be maintained in roadworthy condition and driven only by individuals with a valid driver’s license. The van must be properly and adequately insured at all times and used for the purpose intended. Variety reserves the right to inspect the vehicle at any time. Variety also strongly recommends that the drivers of local charities attend a driving class.

If you receive a Variety Van, will you do the following (circle answer to each question):

- Provide qualified drivers who are properly licensed?    YES        NO
- Maintain the van’s condition through regular, qualified servicing?    YES        NO
- Keep the vehicle adequately insured?        YES        NO
- Ensure that it is only used for its intended purpose (children related services as described in your grant agreement)?        YES        NO
- Ensure that the name of Variety – The Children’s Charity of Iowa and any sponsor(s) are kept on the van at all times?        YES        NO
- Request that your insurance company perform a review of all licensed drivers of the van?        YES        NO

**If a van is granted to your organization, and subsequently, it is determined that the above requirements are not being followed, your organization will not be considered for funding in the future.**

If a van is granted to your organization, you are responsible for any sales/use tax, license, and other fees associated with the purchase of the van. You may not be required to pay Iowa state sales tax if your organization is exempt from state sales tax. You may want to consult with your accountant, tax advisor, and/or local taxing authority regarding your tax status.

How would you pay for the charges and fees noted above? \_\_\_\_\_

It is a condition of the Variety Van grant that the vehicle will not be sold, transferred, or disposed of without the express written consent of Variety – The Children’s Charity. At the end of the van’s useful life with you, either through age or circumstances, it is obligatory for you to contact us to determine the disposal procedure. If the van is still useable by another non-profit organization, Variety – The Children’s Charity reserves the right to offer the van to that organization. In cases other than the transfer of the van to another non-profit agency, all names and Variety painting must be removed or painted over.

If a van is granted to your organization, you will be required to complete a status report once a year, and provide a copy of your current registration, proof of insurance and an annual photo of the van.

By signing below, I fully understand my organization’s responsibility regarding the items discussed above, including use and maintenance of the van, sales/use tax and other fees, and ultimate disposal of the van. **The conditions of this application meet with our approval and we agree with all of the conditions herein.**

Signature \_\_\_\_\_ Title \_\_\_\_\_

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_