

Please return to:



Variety – the Children’s Charity
505 5th Avenue, Suite 310
Des Moines, IA 50309
Phone: (515) 243-4660

Variety Office Use Only:	
Date Received: _____	Board of Dir: _____
SubCommittee: _____	Fin Stmt: _____
501(c)(3): _____	Area: _____
990: _____	

VARIETY VAN APPLICATION

SECTION I

Organization’s Legal Name: _____

Doing Business As: _____

Contact Name: _____ Title: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

E-mail: _____ Website: _____

Federal Tax I.D. Number: _____

Request for:

15 passenger van _____ (Approximately \$35,000) Minivan _____ (Approximately \$25,000)

15 passenger van w/lift _____ (Approximately \$45,000) Bus _____

If you are requesting a van with a lift, how many children served utilize wheelchairs? _____

What amount could you contribute towards the purchase of a Variety Van (this does not include the sales tax, license and other fees required to be paid by your organization)? _____

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. _____

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

What is their age range? _____

What special needs or physical challenges do your children have? _____

Are the children who will benefit from the van residents in your facility? _____

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

Please summarize 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)

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? _____

Please give details of existing vehicles that your organization utilizes*:

	Vehicle 1	Vehicle 2	Vehicle 3
Passenger size, year			
Mileage			
Location of vehicle (city)			
Program/Purpose vehicle utilized for			
Is this a Variety funded vehicle?			

	Vehicle 4	Vehicle 5	Vehicle 6
Passenger size, year			
Mileage			
Location of vehicle (city)			
Program/Purpose vehicle utilized for			
Is this a Variety funded vehicle?			

*Please attach additional vehicle information, if needed.

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)? _____

Provide an overview of your organization including what services are provided. _____

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

What was the grant used for in that year? _____

Amount Requested: _____

Amount Granted: _____

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) _____	\$ _____	_____
Total Income	\$ _____	100 %

Please show in general the expenses your organization incurs annually:

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

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

Signature _____ Date _____

Title _____

ATTACHMENTS:

Attachment A should be included with each copy of the grant application (for a total of **ten (10)** copies). Attachments B, C, D and E (**one (1)** copy of each) should be placed on top of the ten copies.

All submitted materials should be 3-hole punched and should fit easily into a 3-ring binder. Do not put materials in folders, binders, etc. Copies may be two-sided.

NEW FOR 2011 – Please email a completed application to stateoffice@varietyiowa.com. Do not include attachments B, C, D, E or brochures in email. **This does not replace submitting the 10 hard copies to the Variety Office.**

Proposal Checklist (all items must be included for consideration)

- _____ COMPLETED GRANT APPLICATION FORM
- _____ ATTACHMENT A: BOARD OF DIRECTORS or other GOVERNING BODY (10 copies)
- _____ ATTACHMENT B: COMPLETED GRANT REPORTING FORM (1 copy)
If applicable, please include a copy of your completed Grant Reporting Form from 2010.
- _____ ATTACHMENT C: 501(c)(3) DESIGNATION letter from the IRS (1copy)
- _____ ATTACHMENT D: 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 E: Most recent 990 (1 copy)

Please do not send video tapes, CDs or DVDs