

Please return to:



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

<b>Variety Office Use Only: 2018</b>	
Date Received: _____	Board of Dir: _____
SubCommittee: _____	W9 Form: _____
501(c)(3): _____	Date of 990: _____
Area: _____	Date of Audit: _____
Grant Report Included: _____	

# 2018 VARIETY VAN APPLICATION

Please read the guidelines carefully as the application requirements have changed from last year

## SECTION I

Name of Organization: (DBA) \_\_\_\_\_

Organization’s Legal Name (if different than above): \_\_\_\_\_

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

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

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

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

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

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

Request for:

15 passenger van \_\_\_\_\_

Minivan \_\_\_\_\_

15 passenger van w/lift (Mini Bus) \_\_\_\_\_

Bus \_\_\_\_\_ (If applying, please attach Quote)

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. \_\_\_\_\_

Do you have an internal policy that requires you to dispose of a vehicle once it has hit a certain mileage or any other condition? \_\_\_\_\_

If yes, at what mileage or condition? \_\_\_\_\_

Is there a policy or procedure to determine who is allowed to drive one of your vehicles? If so what is it? \_\_\_\_\_

Do you have a policy or procedure on how to deal with a complaint in regards to the driver of one of your vehicles? If so what is your policy or procedure? \_\_\_\_\_

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

What is the age range of the children this grant will serve? \_\_\_\_\_

How many children will this specific grant impact? Daily Basis: \_\_\_\_\_ **OR** Annual Basis: \_\_\_\_\_

Please provide the ethnic breakdown of the children your organization serves.

\_\_\_\_\_ Asian \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Caucasian

\_\_\_\_\_ African American \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Other

What percentage are female? \_\_\_\_\_ Male? \_\_\_\_\_

If applicable, what special needs or physical challenges do the children this grant will serve have?

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

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

Please summarize the transportation needs of your organization, who will be served, description of the program in which the van will be used, and any other information you would like to provide regarding your request for a Variety Van.

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Describe what transportation trips this specific van would be used for on a typical day **during the school year** (see example)

Trip Frequency	Day or evening	Number of Passengers	Purpose of trip/destination	Estimated Round Trip Miles
<i>Twice a week</i>	<i>day</i>	<i>8</i>	<i>Hospital</i>	<i>12</i>
<i>Every Tues</i>	<i>eve</i>	<i>10</i>	<i>Community theater</i>	<i>18</i>

Describe what transportation trips this specific van would be used for on a typical day **when school is not in session.**

Trip Frequency	Day or evening	Number of Passengers	Purpose of trip	Estimated Round Trip Miles

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

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

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

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

	<b>Vehicle 4</b>	<b>Vehicle 5</b>	<b>Vehicle 6</b>
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 how your organization is supported annually.**

Please indicate the source for this information:  
 (i.e. audit, 990, budget or other with explanation) \_\_\_\_\_

And the time period covered:  
 Calendar year \_\_\_\_\_ or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

<b>INCOME</b>		<b>Percentage:</b>
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>

**EXPENSE**

Please show 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>

Does your organization have an endowment? \_\_\_\_\_

If so, what is the current balance? \_\_\_\_\_

What is the purpose for the endowment? \_\_\_\_\_

Does your organization have reserve dollars set aside? \_\_\_\_\_

If so, what is the current balance? \_\_\_\_\_

What is the purpose for these reserve dollars? \_\_\_\_\_

What will you do if you're unable to receive the requested funding? \_\_\_\_\_

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

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

Title \_\_\_\_\_

## ATTACHMENTS:

Attachment A and B should be collated together with each copy of the Grant Application (for a total of **3** collated hard copies). Do not include brochures, DVDs, CDs, or additional marketing materials unless they are 8 ½ x 11. If this is your first request, include a hard copy of Attachments: E, F, G and H.

All submitted materials should be 3-hole punched and should fit easily into a 3-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. All documents may be two-sided. There is no need to put cover sheets in front of various attachments – save paper!

**ADDITIONALLY** you are required to email a completed Application, Attachment A, C, D, E, F and a digital photo of the children you serve that may be published to [stateoffice@varietyiowa.com](mailto:stateoffice@varietyiowa.com) by the due date/time. If you are unable to submit a photo due to privacy reasons please specify in the email.

**Proposal Checklist** (all items must be included for consideration) Email items to [stateoffice@varietyiowa.com](mailto:stateoffice@varietyiowa.com)

\_\_\_\_\_ COMPLETED GRANT APPLICATION FORM (**3 hard copies plus email**).

\_\_\_\_\_ ATTACHMENT A: BOARD OF DIRECTORS/GOVERNING BODY (**3 hard copies plus email**).

\_\_\_\_\_ ATTACHMENT B: COMPLETED GRANT REPORTING FORM (**3 hard copies plus email**).

If applicable, please include a copy of your completed Grant Reporting Form from 2017. If your grant was for a van, you do not need to include the Van Status Report.

\_\_\_\_\_ ATTACHMENT C: 501(c)(3) DESIGNATION letter from the IRS (**email only**). If you are unsure if you are a 501(c)(3) contact the office at 515-243-4660.

\_\_\_\_\_ ATTACHMENT D: W9 Form (**email only**).

\_\_\_\_\_ ATTACHMENT E: Most recent AUDIT (**email only**). If you do not have an AUDIT performed, please attach your most recent internal financials for the last 2 FULL years (balance sheet and statement of activities).

\_\_\_\_\_ ATTACHMENT F: Most recent 990 (**email only**).

\_\_\_\_\_ Digital photo of the children you serve that we may publicize (**email only**).

**Hard copies and emailed copies of the complete application must be RECEIVED (not postmarked) by the Variety office no later than NOON on Friday, May 25, 2018.**

Please refer to the Van Funding Guidelines for additional information.