

Please return to:



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

Variety Office Use Only: 2019	
Date Received: _____	Board of Dir: _____
SubCommittee: _____	W9 Form: _____
501(c)(3): _____	Date of 990: _____
Area: _____	Date of Audit: _____
Grant Report Included: _____	

2019 GENERAL FUNDING GRANT 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): _____

Executive Director/CEO/President: _____

Contact Name for this application: _____ Title: _____ Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

E-mail: _____ Website: _____

Federal Tax I.D. Number: _____ Year Founded: _____

Grant amount requested from Variety (in whole dollars): \$ _____

Total budget of the project or program that your grant request is for: \$ _____

Grant would fund (in 20 words or less): _____

How many children does your organization serve? _____ 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? _____

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

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

What special needs or physical challenges do the children this grant will serve have? _____

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 _____

INCOME

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) _____	\$ _____	_____

Total Income \$ _____ 100 %

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 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

Attachments A, B, C and D 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. 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, B, C, E, F, G, H and a digital photo of the children you serve that may be published to 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

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

_____ ATTACHMENT A: OVERVIEW (**3 hard copies plus email**).

Please attach an overview of your organization and the services you provide.

_____ ATTACHMENT B: PROJECT DESCRIPTION (**3 hard copies plus email**).

Please attach 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.

_____ ATTACHMENT C: BOARD OF DIRECTORS/GOVERNING BODY (**3 hard copies plus email**).

_____ ATTACHMENT D: COMPLETED GRANT REPORTING FORM (**3 hard copies**).

If applicable, please include a copy of your completed Grant Reporting Form from 2018. If your grant was for a van, you do not need to include the Van Status Report.

_____ ATTACHMENT E: 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 F: Submit a signed and current W9 FORM (**email only**).

_____ ATTACHMENT G: 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 H: 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 24, 2019.

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