

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 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? _____

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.

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> |
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| | | | | |

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 |
|----------------|----------------|----------------------|-----------------|----------------------------|
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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*:

| | 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 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) _____ | \$ _____ | _____ |
| 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) _____ | \$ _____ | _____ |
| 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:

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

_____ ATTACHMENT B: 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 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 24, 2019.

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