

Please return to:



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

Variety Office Use Only: 2021	
Date Received: _____	501(c)(3): _____
Attachment A: _____	W9 Form: _____
Attachment C: _____	990: _____
Attachment D: _____	Audit: _____
	Photo: _____
Subcommittee: _____	Area: _____

2021 VARIETY VAN APPLICATION

SECTION I

Name of Organization (DBA): _____

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

Executive Director/CEO/President: _____

Contact Name: _____ Title: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

E-mail: _____ Website: _____

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

Include an overview of your organization and the services you provide in **ATTACHMENT A**.

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 regard 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 estimate the ethnic breakdown of the children your organization serves by percent.

_____ 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>

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*:

	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. Variety is requesting local financial information, not national or international financials.

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/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? _____

How has Covid-19 impacted your organization? _____

How has Covid-19 impacted your programs and the children you provide services to? _____

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, 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 8½ x 11.

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!

Proposal Checklist (all items must be included for consideration) Email items to stateoffice@varietyiowa.com

Email	Hard Copy	
<u>1</u>	<u>3</u>	COMPLETED VAN APPLICATION FORM Includes: ATTACHMENT A: OVERVIEW Please attach an overview of your organization and the services you provide. ATTACHMENT B: NOT APPLICABLE
<u>1</u>	<u>3</u>	ATTACHMENT C: BOARD OF DIRECTORS/GOVERNING BODY
<u>1</u>	<u>3</u>	ATTACHMENT D: COMPLETED GRANT REPORTING FORM If applicable, please include a copy of your completed Grant Reporting Form from 2020. If your grant was for a van, you do not need to include the Van Status Report.
<u>1</u>	<u>N/A</u>	ATTACHMENT E: 501(c)(3) DESIGNATION letter from the IRS If you are unsure if you are a 501(c)(3) contact the office at 515-243-4660.
<u>1</u>	<u>N/A</u>	ATTACHMENT F: Submit a signed and current W9 FORM
<u>1</u>	<u>N/A</u>	ATTACHMENT G: Most recent AUDIT 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).
<u>1</u>	<u>N/A</u>	ATTACHMENT H: Most recent 990
<u>1</u>	<u>N/A</u>	Digital photo of the children you serve that we may publicize

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 28, 2021.

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