

Please return to:



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

Variety Office Use Only: 2024		
Date Received: _____	501(c)(3): _____	_____
Attachment A: _____	W9 Form: _____	_____
Attachment B: _____	990: _____	_____
Attachment C: _____	Audit: _____	_____
Attachment D: _____	Photo: _____	_____
Emailed Copy: _____		
Subcommittee: _____	Area: _____	_____

2024 GENERAL FUNDING GRANT APP

Name of Organization (DBA): _____

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

Executive Director/CEO/President: _____

Contact Name for this Application: _____ Title: _____

Address: _____

Phone Number: _____ E-mail: _____

Website: _____ EIN (Tax #): _____ 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 on an annual basis? _____

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

_____ Asian _____ Hispanic _____ Caucasian _____ African American _____ Other

Estimate what percentage are Female: _____ Male: _____

How many children will this specific grant impact on an annual basis? _____

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

If applicable, what year did you last receive a grant from Variety? _____ Amount: \$ _____

What was the grant used for in that year? _____

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)

Time period covered: Calendar year _____ or fiscal year beginning _____ and ending _____

INCOME (list dollar amount and 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 %

DONORS

Please list your top three donors and/or grants with amounts

Donor: _____ \$ _____
Donor: _____ \$ _____
Donor: _____ \$ _____

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? _____

Do you foresee any challenges for the upcoming year? If so, what is your plan to address the challenge(s)?

If awarded a Variety grant, how will your organization recognize this award? _____

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 2 collated hard copies). Do not include brochures, DVDs, CDs, flash drives or other 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. Documents may be two-sided. Please do not use cover sheets in front of various attachments.

Emailed files should be labeled as listed below. Submit each file individually. Do not scan all attachments as one document. Include all individual attachments in one email.

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

Email	Hard Copy	
<u>1</u>	<u>2</u>	COMPLETED GRANT APPLICATION FORM
<u>1</u>	<u>2</u>	ATTACHMENT A: OVERVIEW Provide an overview of your organization and the services you provide.
<u>1</u>	<u>2</u>	ATTACHMENT B: PROJECT DESCRIPTION Provide 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.
<u>1</u>	<u>2</u>	ATTACHMENT C: BOARD OF DIRECTORS/GOVERNING BODY
<u>1</u>	<u>2</u>	ATTACHMENT D: COMPLETED GRANT REPORTING FORM If applicable, please include a copy of your completed Grant Reporting Form from 2021. 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: 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 copy of the complete application must be RECEIVED (not postmarked) by the Variety office no later than NOON on Friday, May 31, 2024. For emailed copy, please label attachments as listed above.

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