

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:	
Date Received: _____	Board of Dir: _____
SubCommittee: _____	Recent Audit: _____
501(c)(3): _____	W9 Form: _____
Area: _____	Date of 990: _____
Grant Report	Date of Audit
Included: _____	Report: _____

VARIETY VAN APPLICATION

SECTION I

Organization Doing Business As: _____

Organization’s Legal Name: _____

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 _____ (Approximately \$35,000) Minivan _____ (Approximately \$25,000)

15 passenger van w/lift _____ (Approximately \$45,000) Bus _____ (If applying provide 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? _____

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

What is their age range? _____

What special needs or physical challenges do your children 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 your organization's need for transportation, who will be served, 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.

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? _____

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

Signature _____ Date _____

Title _____

ATTACHMENTS:

Attachment A should be included with each copy of the grant application (for a total of 4 copies). Attachments B, C, D, E and F (**one (1)** copy of each) should be placed on top of the 4 copies.

All submitted materials should be 3-hole punched and should fit easily into a 3-ring binder with no staples. Paperclips and rubber bands are acceptable. Do not put your submitted materials in folders, binders, plastic covers etc. Copies may be two-sided.

In addition, please email a completed application to stateoffice@varietyiowa.com. Do not include attachments B, C, D, E, F or brochures in email. **This does not replace submitting the 4 hard copies to the Variety Office.**

Proposal Checklist (all items must be included for consideration)

- _____ COMPLETED GRANT APPLICATION FORM (4 copies).
- _____ ATTACHMENT A: BOARD OF DIRECTORS or other GOVERNING BODY (4 copies).
- _____ ATTACHMENT B: COMPLETED GRANT REPORTING FORM (1 copy).
If applicable, please include a copy of your completed Grant Reporting Form from 2014.
- _____ ATTACHMENT C: 501(c)(3) DESIGNATION letter from the IRS (1copy). If you are unsure if you are a 501(c)(3) contact the office at 515-243-4660.
- _____ ATTACHMENT D: Most recent AUDIT (1 copy). If it is bound, please either make a copy of it or remove it from the binding. If you do not have an AUDIT done, please attach your most recent internal financials for the last 2 FULL years.
- _____ ATTACHMENT E: Submit W9 Form (1 copy).
- _____ ATTACHMENT F: Most recent 990 (1 copy).

Please do not send videotapes, CDs or DVDs.

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