



Community Betterment Grant Application

Organization: _____

Address: _____

Mailing Address for Award (If different from above) _____

Federal Tax Identification Number: _____

Internal Revenue Service Designation: _____

Contact Individual: _____

Title: _____ Telephone: _____

Fax: _____ E-Mail: _____

Requested Amount: \$ _____ Total Project/Program Amount: \$ _____

Is your organization under ecclesiastical or sectarian management or control, as specified in Iowa code 331.901 (5)?

Yes ___ No ___

(Due to legal restrictions, organizations under ecclesiastical or sectarian management are not eligible for Betterment Grants.)

Additional sheets/information may be attached if needed.

1. Organization mission statement:

2. Describe the project/program for which support is requested:

3. Dates and length of project/program:

4. Describe the goals of the program and target beneficiaries:

5. Describe how the program/project will be evaluated, the impact desired and the methods used to demonstrate measurable change:

6. List other financial and non-financial participants supporting this program and indicate level of support:

7. Are there other organizations providing similar programming?

8. Has your Organization previously received financial support from Polk County? If yes, please indicate when and amount:

9. Provide a basic budget for your project/program which funding is requested:

Expenditures:

Salaries and benefits: \$ _____ % of budget

Administrative Expenses: \$ _____ % of budget

Fundraising expenditures: \$ _____ % of budget

Amount expended directly on participants: \$ _____ % of budget

Equipment/furnishings: \$ _____ % of budget

Capital infrastructure expenditures: \$ _____ % of budget

Other: _____ \$ _____ % of budget

_____ \$ _____ % of budget

Revenues:

Polk County Request \$ _____ % of budget

Other Public Contributors \$ _____ % of budget

Private Contributors \$ _____ % of budget

Individual Donations \$ _____ % of budget

Fundraising Activities \$ _____ % of budget

Other: _____ \$ _____ % of budget

_____ \$ _____ % of budget

Grand Total: \$ _____

10. Latest audited financial statements.

11. Names and business affiliation of the organization's officers and board of directors, length with the organization and frequency of directors meetings.

SUBMIT APPLICATION TO:

Polk County Board of Supervisors
Attn: Community Betterment Grant Program
Polk County Administrative Office Building
111 Court Avenue – Room 300
Des Moines, Iowa 50309
Phone: (515) 286-2272
FAX: (515) 323-5225