CATHERINE VINCENT DEARDORF CHARITABLE FOUNDATION

Grant Request Form

*The Catherine Vincent Deardorf Charitable Foundation grants funds to 501(c)3 tax-exempt organizations toward programs, events, and projects in Webster County, Iowa. Funding requests should benefit a broad cross-section of our community.*

*Foundation funds are granted in support of arts and culture, local history, education, and nature.*

Please complete the following information and return it to us no later than the first day of the month the Foundation meets. Meetings are held in February, April, June, August, October, and December.

Catherine Vincent Deardorf Charitable Foundation

P.O. Box 1557

Fort Dodge, Iowa 50501

Deardorf1993@gmail.com

Web site: [www.deardorf.org](http://www.deardorf.org)

Organization or Coalition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a 501(c)(3) tax-exempt organization?

yes\_\_\_ **(Please attach copy of IRS exemption status letter)** no\_\_\_

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program/Event/Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Timeline of program/event/project: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date of request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of request:\_\_\_\_\_\_\_\_\_\_\* Budget for event: $\_\_\_\_\_\_\_\_\_\_\_\_

**(attach copy of estimated Income & Expenses)**

Make check payable to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forward check to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* - If the Program/Event/Project does not take place as scheduled or the grant amount exceeds your expenses for such event, the funds must be returned to the Catherine Vincent Deardorf Charitable Foundation.

Please answer the following questions as directly and succinctly as possible.

Explain how funds requested will be utilized.

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Explain the purpose of this event.

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Identify the population sector that will benefit from this event.

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Have you applied for funds elsewhere? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, have the funds been secured? \_\_\_\_\_ No \_\_\_\_\_ Yes

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Is this event promoted or sponsored by a coalition or collaboration?

If so, please describe.

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