



2025 GENERAL FUNDING GRANT APPLICATION

Name of Organization (DBA):

Organization's Legal Name (if different than above):

Address:

Executive Director/CEO/President:

Website:

EIN (Tax #):

Year Founded:

Contact Name for this Application:

Title:

Main Contact's Phone Number:

Main Contact's Email:

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

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 will this specific grant impact on an annual basis?

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

Estimate what percentage of children would be impacted by this specific grant:

% At Risk

% Underprivileged

% Critically Ill

% Living with Special Needs

Please select which category your grant request falls under.

Essential Health & Wellness (formerly Acute & Convalescent) - Nonprofits that provide critical care including neonatal, pediatrics, and mental health services or provide child essentials and family support.

- Critical health care and/or medical equipment
- Mental health services
- Specialized therapy
- Child and family support and essentials

Pathways to Success (formerly Preventative and Youth At Risk) - Nonprofits that serve children who lack social or educational opportunities, have experienced physical or chemical abuse, struggle with behavior problems, or are in need of emergency shelter.

- Job readiness and/or personal development
- Educational support
- Accessible support programs

Access, Independence, and Inclusion (formerly Camperships, Variety at Work, and Underprivileged) - Nonprofits that provide services, spaces, or programs to children who are critically ill, living with special needs, or otherwise lack access due to poverty.

- Inclusive experiences & adaptive and/or inclusive spaces
- Camps (equipment, supplies for activities, and/or other tangible items)
- Transportation

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	AMOUNT	PERCENTAGE
City/County Grants	\$	%
State Grants	\$	%
Federal Grants	\$	%
United Way	\$	%
Title 19 or 20	\$	%
Fees/Private Pay	\$	%
Corporate Gifts	\$	%
Individual Gifts	\$	%
Foundation Gifts	\$	%
Other	\$	%
Total Income:	\$	%

DONORS

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

1. \$
2. \$
3. \$

EXPENSES	AMOUNT	PERCENTAGE
Administrative	\$	%
Fundraising	\$	%
Programs	\$	%
Dues to National/International Association	\$	%
Other	\$	%
Total Expense:	\$	%

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?

If awarded a Variety grant, would there be any opportunities for co-branding (i.e. naming rights, Variety logo placement etc.)?

Would you be able to complete the project if you did not receive the full grant amount? Please explain.

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

Emailed files should be labeled as listed below. Submit each attachment as an individual PDF.

Completed Grant Application Form

ATTACHMENT A: OVERVIEW Provide a one page brief summary of your organization & the services you provide.

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 (add quotes/bids if applicable), and project timeline.

ATTACHMENT C: BOARD OF DIRECTORS/GOVERNING BODY

ATTACHMENT D: COMPLETED GRANT REPORTING FORM If applicable, please include a copy of your completed Grant Reporting Form from 2024.

ATTACHMENT E: 501(c)(3) DESIGNATION LETTER FROM THE IRS

ATTACHMENT F: SIGNED AND CURRENT W9 FORM

ATTACHMENT G: MOST RECENT AUDIT If you do not have an audit performed, please attach your most recent internal financials for the last two FULL years (balance sheet and statement of activities).

ATTACHMENT H: MOST RECENT 990

Digital photo of the children you serve that we may publicize

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

Signature

Title

Date