



Please submit the completed grant application electronically to: winterstragbrai@gmail.com.

The application deadline is 5:00 PM, October 26, 2024.

Project Title:

Organizational Information

Name of Organization:

Legal name (as listed with IRS, if different than above):

Organization Address:

Employer Id Number (EIN):

Phone:

Website:

Contact Person for this application:

Relationship to Organization:

Phone:

E-Mail:

Organizations/Applicants must be IRS 501(c)3 or 170(c)1.

Total cost of Project:

Amount Requested:

Brief Description/Explanation of Project (750 character LIMIT):

Type of Request (check one):

Capital Based

Program Based

Capital: building of or physical improvement of something / **Program:** operational, activity, general programmatic support

Project Focus Area (check one):

Arts/Culture/Humanities

Human Services

Education

Environment/Animals

Public/Society Benefit

Health

Other

Describe your organization. (Charitable purpose, activities, population served, major changes, local history, etc...) **500 characters**

Expand on the proposed project, including: goals, objectives, community need, benefits, community support, and any other information you deem significant. **(Attach 1 single sheet if necessary) 1500 characters**

Indicate desired impact and how you will measure and evaluate the results of the project. Be specific regarding community needs/issues your project will address. **500 characters**

Considering the availability of project funding, describe your time-line for the project including expected start and completion dates. **500 Characters**

Will this project be completed if request is not fully funded? Yes No

Project Budget

Source	Expenses	Amount
Land Purchase		
Professional Services		
Construction Costs		
Equipment Purchase		
Construction Supplies		
Training Costs		
Personnel Costs		
Other Expense		

Total:

Source	Income	Amount
Sponsor Cash		
Federal Gov. Grants		
State Gov. Grants		
Private Foundations		
Sponsor In-Kind*		
Private In-Kind*		
WintersetRAGBRAI Grant		
Other Income		

Total:

(Should equal cost of TOTAL COST OF PROJECT from Page 1)

* **In-Kind gift:** when a foundation or other entity contributes a good or service in lieu of providing monetary grants. In-Kind contributions support the daily operations of an organization.

Approval Agreement from Applicant Organization

We approve submission of this grant request and certify that the purpose of this request is charitable and that an funds received from the Winterset RAGBRAI Fund will be used solely for the project state in this application.

Board Chairperson or designated representative: (signature)

Date: