



**EMBRACE IOWA: 2008 IOWA DISASTER FUND
GRANT APPLICATION
SEPTEMBER 2008
COVER SHEET**



Send electronic copy to: mstoffregen@iowacityarea.com or fax to: 319-338-9958
Questions: Mike Stoffregen, Executive Director, 319-337-0483. Applications due October 8.

LEAD COMMUNITY FOUNDATION/ORGANIZATION INFORMATION		
LEAD COMMUNITY FOUNDATION/ORGANIZATION NAME:		
ADDRESS OF ORGANIZATION:		COUNTY:
CONTACT PERSON:		TITLE:
PHONE NUMBER:	FAX NUMBER:	EMAIL ADDRESS:
NONPROFIT INFORMATION (Organization responsible for the program and fiscal oversight of the funds)		
ORGANIZATION NAME:		
IS YOUR ORGANIZATION A: _____ 501(c)(3) TAX EXEMPT CHARITY _____ GOVERNMENTAL AGENCY		
FEDERAL TAX ID#:		
MISSION OF ORGANIZATION:		
CONTACT NAME:		
ADDRESS:		
CITY, STATE, ZIP:		COUNTY:
CONTACT PERSON & TITLE:		
PHONE:		
EMAIL ADDRESS:		
REQUEST INFORMATION:		
AMOUNT REQUESTED: \$		
TYPE OF REQUEST:		
(Descriptions are included in application	<input type="checkbox"/> Victim Relief	<input type="checkbox"/> Immediate Capacity Building
	<input type="checkbox"/> Small Business Recovery	<input type="checkbox"/> Mid to Long-term Recovery
		<input type="checkbox"/> Long-term Rebuilding

Required electronic signatures certifying the accuracy of the attached information

Lead Community Foundation/Organization CEO

Date

Printed Name

Nonprofit Organization Responsible for Program
Delivery (if different from above)

Date

Printed Name