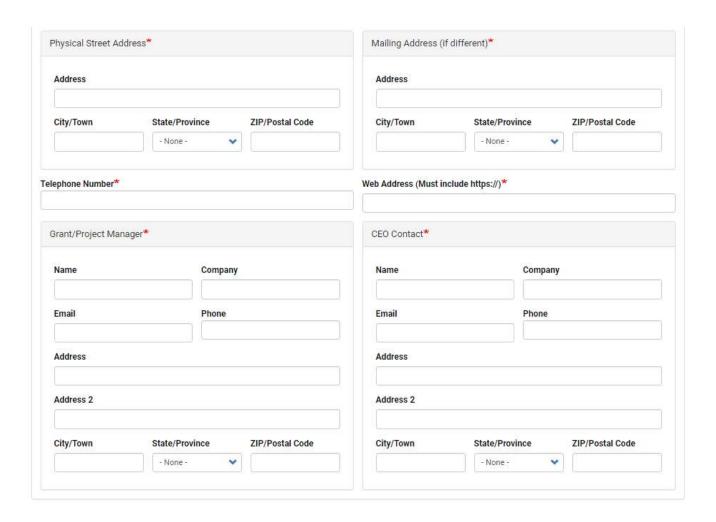


*Indicates required field

Organization Name* Fiscal Agent Name (If Applies) Received a SRF grant within the last 3 months?*		EIN Number *		
		Fiscal Agent EIN Number Request for replenishment of a prior approved SRF grant?		
□ No		□ No		
Number of Full-Time Paid Employees*	Number of Part-Time Paid Employees*		Number of Volunteers*	
Does organization have a volunteer Bo	oard of Directors of	How often does I	Board of Directors meet?*	
at least 5 members?*		☐ Monthly		
□ Yes		☐ Quarterly		
□ No		☐ Less often than quar	terly	
Does organization have established	Is organization current on all IRS		Does organization have a documented	
by-laws?*	filings and payroll tax payments?*		financial control policy?*	
□ Yes	☐ Yes		□ Yes	
□ No	□ No		No	
Brief Summary of Mission/Goals/Programs*		Describe Relationship/F	Role with Similar Organizations*	
		1		



☐ Addressing Systemic Is	sues	☐ Rebuilding Non-Profit Stability	
Project Name*		Project Dates (if applicable)*	
Total Project Budget*		Total Annual Organizational Budget*	
s		s	
Overall Goals and Specific	Objectives of Project*	Target Population and Demographics*	
All Data Used*	Projected Number of Uni	duplicated Individuals To Be Served *	
List collaborating organizations and how the proposal complements similar work in the community. *		Levels of Activity to be Undertaken (daily intake, # of meals, additional staf hired to address emergency, non-profit stabilization efforts).**	
,			
	Total Project Budget* S Overall Goals and Specific All Data Used*	Total Project Budget* S Overall Goals and Specific Objectives of Project* All Data Used* Projected Number of Un	



Indicates required field Required Documents For All Applicants Project Budget (use template at www.siouxlandrecoveryfund.com) Board Approved Organizational Budget For Current Year* Choose File No file chosen Choose File No file chosen O Upload requirements **Q** Upload requirements Board Approved Financial Statement for Most Recent Completed Fiscal Year* Current EIN Verification Letter* Choose File No file chosen Choose File No file chosen O Upload requirements Opload requirements Authorization for Grant Request Name of Person Authorizing Grant Request* Signature of Person Authorizing Grant Request* m RESET