*Indicates required field

Organization Information*

Organization Name*

EIN Number *

Fiscal Agent Name (If Applies)

Fiscal Agent EIN Number

Received a SRF grant within the last 3 months?*

☐ Yes
☐ No

Request for replenishment of a prior approved SRF grant?*

☐ Yes
☐ No

Number of Full-Time Paid Employees*

Number of Part-Time Paid Employees*

Number of Volunteers*

Does organization have a volunteer Board of Directors of at least 5 members?*

☐ Yes
☐ No

How often does Board of Directors meet?*

☐ Monthly
☐ Quarterly
☐ Less often than quarterly

Does organization have established by-laws?*

☐ Yes
☐ No

Is organization current on all IRS filings and payroll tax payments? *

☐ Yes
☐ No

Does organization have a documented financial control policy? *

☐ Yes
☐ No

Brief Summary of Mission/Goals/Programs*

Describe Relationship/Role with Similar Organizations*

Physical Street Address*

Address

City/Town   **State/Province**   **ZIP/Postal Code**
[ ]   [- None - ▾]   [ ]

Telephone Number*

Mailing Address (if different)*

Address

City/Town   **State/Province**   **ZIP/Postal Code**
[ ]   [- None - ▾]   [ ]

Web Address (Must include https://)*

Grant/Project Manager*

Name   **Company**
[ ]   [ ]

Email   **Phone**
[ ]   [ ]

Address

Address 2

City/Town   **State/Province**   **ZIP/Postal Code**
[ ]   [- None - ▾]   [ ]

CEO Contact*

Name   **Company**
[ ]   [ ]

Email   **Phone**
[ ]   [ ]

Address

Address 2

City/Town   **State/Province**   **ZIP/Postal Code**
[ ]   [- None - ▾]   [ ]

*Indicates required field

Main Priority of Project (check one)*

☐ Assisting Individuals and Families   ☐ Addressing Systemic Issues   ☐ Rebuilding Non-Profit Stability

Project Details*

Project Name*

Project Dates (if applicable)*

Amount Requested (Min. $500; Max $25,000)*

$

Total Project Budget*

$

Total Annual Organizational Budget*

$

Opportunity, Challenge, Issue or Need for Grant*

Overall Goals and Specific Objectives of Project*

Target Population and Demographics*

How Focus of Project was Determined, by Who, List All Data Used*

Projected Number of Unduplicated 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 staff hired to address emergency, non-profit stabilization efforts).*

Describe How Project Results Will Be Measured*

List Other Secured Funding Sources and Amounts, Including Public Funds*

1 — Organization **2** — Project **3** — Required Documents **4** — Complete

Required Documents For All Applicants

Project Budget (use template at www.siouxlandrecoveryfund.com) *

Choose File | No file chosen

❓ Upload requirements

Board Approved Organizational Budget For Current Year *

Choose File | No file chosen

❓ Upload requirements

Board Approved Financial Statement for Most Recent Completed Fiscal Year *

Choose File | No file chosen

❓ Upload requirements

Current EIN Verification Letter *

Choose File | No file chosen

❓ Upload requirements

Authorization for Grant Request

Name of Person Authorizing Grant Request *

Signature of Person Authorizing Grant Request *

🗑 RESET