

GEORGE DAILY FAMILY TRUST

APPLICATION FOR MORE THAN \$2000

Addr	ess:	
City:	Iowa, Zip):
	act Person:	
Conta	act Phone Preferred:	Email:
Is this	s an IRS registered 501(c) (3) organiza Attach a 501(c) (3) verification letter	
Proje	ct Name:	
Please	e address each of the following on a se	parate sheet of paper(s).
	iefly describe your organization's pur nd past projects.	pose, size and membership make-up, leadership,
a.b.c.d.e.	How or why were the needs for this properts goals and objectives. Planning process. Partnering with other organizations or Outline the timetable from beginning to Who will benefit from this program or How will this project or program replain the community?	entities. o end.
3. WI	ho will administer the project or prog	am?
	1 0 1 0	nd include all confirmed and planned revenue
SO	urces.	
		ill be used to make this project or program a success ly no more than 50% of the total cost of the projec
C.	If applicable, provide a detailed income arrived at your cost estimates.	and expense budget for the project. Discuss how you
d.	d. If this project or program requires ongoing expenses, i.e., operating or maintenance, explain what you expect these costs to be and how these costs will be covered.	
Total Cost of Project: Total Amount applying fo		Total Amount applying for:
		Date

Signature of Executive Officer of Organization

Organization: