



2025 VARIETY VAN APPLICATION

Name of Organization (DBA):

Organization's Legal Name (if different than above):

Address:

Executive Director/CEO/President:

Website:

EIN (Tax #):

Year Founded:

Contact Name for this Application:

Title:

Main Contact's Phone Number:

Main Contact's Email:

How many children does your organization serve on an annual basis?

Please estimate the ethnic breakdown of the children your organization serves by percent:

% Asian

% Hispanic

% Caucasian

% African American

% Other

What vehicle are you applying to receive funding for? Minivan or 15-passenger Van (If other vehicle please attach a quote.)

What amount could you contribute towards the purchase of a Variety Van? (This does not include the sales tax, license and other fees required to be paid by your organization)

Where would these funds come from?

Have you approached other sources for help in purchasing a vehicle? If so, please name the sources and results of your request.

Do you have an internal policy that requires you to dispose of a vehicle once it has hit a certain mileage or any other condition? If yes, at what mileage or condition?

Is there a policy or procedure to determine who is allowed to drive one of your vehicles? If so, what is it?

Do you have a policy or procedure on how to deal with a complaint in regard to the driver of one of your vehicles? If so, what is your policy or procedure?

How many children will this specific vehicle impact on an annual basis?

What is the age range of the children this vehicle will serve?

Estimate what percentage of children would be impacted by this specific vehicle:

% At Risk

% Underprivileged

% Critically Ill

% Living with Special Needs

What special needs or physical challenges do the children this vehicle will serve have?

Are the children who will benefit from the van residents in your facility?

If the children are not residents, how do they get to your facility?

Please summarize the transportation needs of your organization, who will be served, description of the program in which the van will be used, and any other information you would like to provide.

Describe what trips this specific van would be used for on a typical day during the school year.

Trip Frequency	Day or Evening	Number of Passengers	Purpose	Miles
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Describe what trips this specific van would be used for on a typical day when school is not in session.

Trip Frequency	Day or Evening	Number of Passengers	Purpose	Miles
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Considering the above schedule, estimate your annual mileage on this van:

Would this be your first Variety Van?

If no, when did you receive your most recent Variety van?

Please give details of existing vehicles that your organization utilizes*:

	Vehicle 1	Vehicle 2	Vehicle 3
Passenger size, year			
Mileage			
Location of vehicle (city)			
Program/Purpose vehicle utilized for			
Is this a Variety funded vehicle?			

**Please attach additional vehicle information, if needed.*

Are any of the above vehicles currently used for the program(s) you are requesting this grant for?

Would this van be replacing an existing van you plan to dispose of? If yes, please identify which one(s).

If applicable, what year did you last receive a grant from Variety?

Amount: \$

What was the grant used for in that year?

Below, please show us how your organization is supported annually. Variety is requesting local financial information, not national or international financials.

Please indicate the source for this information:

(i.e., audit, 990, budget or other with explanation)

Time period covered: Calendar year or fiscal year beginning and ending

INCOME	AMOUNT	PERCENTAGE
City/County Grants	\$	%
State Grants	\$	%
Federal Grants	\$	%
United Way	\$	%
Title 19 or 20	\$	%
Fees/Private Pay	\$	%
Corporate Gifts	\$	%
Individual Gifts	\$	%
Foundation Gifts	\$	%
Other (Explain)	\$	%
Total Income:	\$	%

DONORS

Please list your top three donors and/or grants with amounts

- 1. \$
- 2. \$
- 3. \$

EXPENSES	AMOUNT	PERCENTAGE
Administrative	\$	%
Fundraising	\$	%
Programs	\$	%
Dues to National/International Association	\$	%
Other (Explain)	\$	%
Total Expense:	\$	%

Does your organization have an endowment?

If so, what is the current balance?

What is the purpose for the endowment?

Does your organization have reserve dollars set aside?

If so, what is the current balance?

What is the purpose for these reserve dollars?

Would you be able to purchase the vehicle if you did not receive the full requested amount? Please explain.

Proposal Checklist (all items must be included for consideration) Email items to **grants@varietyiowa.com**.

Emailed files should be labeled as listed below. Submit each attachment as an individual PDF.

Completed Grant Application Form

ATTACHMENT A: OVERVIEW Provide a one page brief summary of your organization & the services you provide.

ATTACHMENT B: PROJECT DESCRIPTION Provide a summary that addresses the following categories: needs statement, who will benefit, total project budget (add quotes/bids if applicable).

ATTACHMENT C: BOARD OF DIRECTORS/GOVERNING BODY

ATTACHMENT D: COMPLETED GRANT REPORTING FORM If applicable, please include a copy of your completed Grant Reporting Form from 2024.

ATTACHMENT E: 501(c)(3) DESIGNATION LETTER FROM THE IRS

ATTACHMENT F: SIGNED AND CURRENT W9 FORM

ATTACHMENT G: MOST RECENT AUDIT If you do not have an audit performed, please attach your most recent internal financials for the last two FULL years (balance sheet and statement of activities).

ATTACHMENT H: MOST RECENT 990

Digital photo of the children you serve that we may publicize

The information provided in this application is true to the best of my knowledge.

Signature

Title

Date