IOWA STATE BAR FOUNDATION

GRANT APPLICATION

Applicant: _____

Contact Person (if different than above): _____

Address: _____

Phone: _____ Fax: _____

Nature of Organization: _____

Applicant's Tax I.D. No.: _____

Is Applicant exempt from federal income tax? ☐ Yes ☐ No

If yes, has Applicant received a determination letter in respect to such exemption from the Internal Revenue Service? (If "yes", please attach copy.) ☐ Yes ☐ No

If Applicant if exempt from federal income tax and has not yet received a determination letter, under what section of the Internal Revenue Code does Applicant claim to be exempt?
I.R.C. 501(c) _____

Date of Application: _____ Date of Project: _____

Amount Requested: _____

Future Foundation Request(s) expected (describe in detail): _____
_____
_____
_____

Purpose of Request/project description: _____
_____
_____
_____

Nature and Number of Expected Audience or Participants: _____
_____
_____
_____

Statement of need and use of funds: _____
_____
_____
_____

Other funding sources contacted/available (please identify any funds received from each): _____
_____
_____
_____

Oral Presentation to the Foundation requested? ☐ Yes ☐ No

Describe how grant award would fulfill the charitable purposes of the ISBA Foundation: _____
_____
_____
_____

Describe how grant award would fulfill the purposes of The Iowa State Bar Association: _____
_____
_____
_____

Please attach a complete or estimate budget for your project and any other supporting documents you would like considered. Applications must be received in the office of The Iowa State Bar Association by February 25th of each year. Late applications will not be considered. You will be notified of the Foundation's decision in writing following its respective meeting.

CERTIFICATION

State of Iowa)
) ss:
County of _____)

I hereby certify that the above information is true and correct and that I have the requisite authority from the above-stated organization to submit this Grant Application on its behalf. I further acknowledge and certify that any funds granted by the Iowa State Bar Foundation will be strictly and solely used for the purpose or activity described herein and that such funds will be returned to the Foundation if not needed or not used as proposed in this Application. I further agree that the organization will provide a full accounting and report with respect to grant funds at the conclusion of the project, or in the case of an ongoing project, on an annual basis.

Dated this _____ day of _____, 20____.

Name of Organization: _____
_____
_____
(type name and address)

Please return grant request application to:
Iowa State Bar Foundation
625 E Court Avenue
Des Moines, IA 50309
Attention: Mary Hill