

**2023 GRANT APPLICATION FORM  
DODGE TRUST BOARD OF TRUSTEES**

City Attorney's Office, 209 Pearl Street  
Council Bluffs, IA 51503 PH: (712) 890-5317

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

IRS EXEMPTION STATUS – UNDER WHICH SECTION (if applicable) \_\_\_\_\_  
(Please attach copy)

FEDERAL ID # \_\_\_\_\_ DATE ORGANIZED \_\_\_\_\_

TOTAL PROJECT COST \_\_\_\_\_ AMOUNT REQUESTED \_\_\_\_\_

**PLEASE ENCLOSE YOUR PROJECT BUDGET**

WHICH OF THE FOLLOWING MOST ACCURATELY APPLY TO YOUR PROJECT? RESPOND TO THE REQUESTS FOR ADDITIONAL INFORMATION AS APPLICABLE.

\_\_\_\_\_ NEW PROGRAM      \_\_\_\_\_ EXISTING PROGRAM

HOW HAS THIS PROJECT BEEN FUNDED IN THE PAST? \_\_\_\_\_

\_\_\_\_\_

PREVIOUSLY APPLIED FOR DODGE TRUST FUNDS – YES \_\_\_\_\_ NO \_\_\_\_\_

DODGE TRUST HAS PREVIOUSLY FUNDED THIS PROJECT – YES \_\_\_\_\_ NO \_\_\_\_\_

LAST DATE FUNDS WERE RECEIVED \_\_\_\_\_

MATCHING FUNDS WILL BE UTILIZED ON THIS PROJECT – YES \_\_\_\_\_ NO \_\_\_\_\_

DODGE TRUST WILL BE THE SOLE SOURCE OF FUNDING FOR THIS PROJECT - YES \_\_\_\_\_ NO \_\_\_\_\_

WHAT OTHER SOURCES OF FUNDING WILL BE UTILIZED FOR THIS PROJECT? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IMPACT ON CITIZENS OF COUNCIL BLUFFS-  
DESCRIBE THE PURPOSE OF THIS REQUEST. PLEASE BE AS SPECIFIC AS POSSIBLE IN IDENTIFYING THE NUMBER OF COUNCIL BLUFFS RESIDENTS THAT WILL BENEFIT FROM THIS PROJECT OR PROGRAM AND DESCRIBE HOW THEY WILL BENEFIT.

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PLEASE PROVIDE A BRIEF HISTORY, PURPOSE, AND LONG RANGE GOALS OF YOUR ORGANIZATION.

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PLEASE LIST OTHER SIGNIFICANT FUNDING SOURCES FOR THIS PROJECT IN THE LAST THREE YEARS.

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

IS YOUR ORGANIZATION TAX SUPPORTED OR AFFILIATED WITH A TAX SUPPORTED ORGANIZATION – YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE IDENTIFY THE ORGANIZATION (CITY, ETC.)

NAME \_\_\_\_\_ FEDERAL ID# \_\_\_\_\_

ADDRESS \_\_\_\_\_

WHAT OTHER AGENCIES OR ORGANIZATIONS DO YOU PROVIDE ASSISTANCE TO OR ARE ASSISTED BY?

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PLEASE PROVIDE A COPY OF YOUR MOST RECENT ANNUAL REPORT, INCLUDING FINANCIAL STATEMENTS, YOUR CURRENT YEAR BUDGET AND GROSS ANNUAL INCOME FOR THE PAST THREE YEARS (ADDITIONAL INFORMATION MAY ALSO BE REQUESTED)

NAME OF ORGANIZATION \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**PLEASE DO NOT SEND BROCHURES, DOUBLE-SIDED PAGES OR BINDERS – ATTACHEMENTS  
WILL BE COPIED AND DISTRIBUTED TO BOARD MEMBERS**