

Okoboji Foundation Disaster Recovery Request

Cover Sheet

Date of application: _____ Application submitted by: _____

ORGANIZATIONAL INFORMATION

Name of organization

Legal name (as listed with IRS)

Organization Address

City, State, Zip

Employer Identification Number (EIN)

Phone

Fax

Web site

Phone

E-mail

Amt. of Disaster Recovery Funding sought:

Amount Requested: _____

Is your organization an IRS 501(c)(3) not-for-profit?

_____ Yes _____ No

If no, is your organization a 170b unit of government?

_____ Yes _____ No

If no, you must have a fiscal sponsor. Please list name, address, phone and fiscal sponsor contact person:

Applicant's EIN number

REQUEST SUMMARY

Name of Project: _____

Provide a **2-3 sentence summary** of your grant project request and result it will make. *This **concise** description of the project you seek to fund is used during our review and fund allocation process. (maximum word count: 70)*

Total project cost \$ _____

Amount requested from Okoboji Foundation \$ _____

% of total cost requested from Okoboji Foundation _____ %

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Estimated number of people directly served by **this project** _____

Target Population(s) _____

What is the timeline for project completion? _____

Project Budget:

Expenses/costs associated with project

Please fill lines in Expense Section with specific cost of items needed to complete your project. You may also attach a budget narrative explaining Project Expense/Cost items in more detail.

Project Expense/Cost

Item	Amount
_____	_____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Expense	\$ _____

How much is being asked of the Okoboji Foundation in relationship to total project cost (percentage of total cost?) _____ %

Comments or additional information for review and consideration of your project budget:

Additional Funding

Identify other funding resources and partnerships with other organizations for this project.

List other grant requests (committed or pending) for this project.

If you are not selected for funding, may we share your application with other potential funding sources?

___ Yes _____ No

Signature

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Applicant Organization Approval: We approve submission of this grant request and certify that monies received from the Okoboji Foundation will be used solely for the project stated in this application.

Applicant Signature, Title

Date

Print or Type Applicant Signature

You may email application to info@okobojifoundation.org Questions? Please call 712.332.7177