



Elizabeth Muse Norris Charitable Fund

Grant Request/Application

Grant applicants are strongly advised to review the Foundation's grant making guidelines, which are available at www.musenorris.com or by writing or calling Elizabeth Muse Norris Charitable Fund, Attention: Linda Halfman, c/o Globe Gazette, 300 North Washington Avenue, Mason City, IA, 50401, telephone 641-421-0500, fax 641-421-7160.

The website provides information regarding the Foundation's grant making focus/priorities and recent grants awarded.

This Grant Request/Application is available to download at www.musenorris.com, or by email request to linda.halfman@lee.net.

The Grant Request/Application is to be submitted by U.S. Mail or via delivery to the Elizabeth Muse Norris Charitable Fund, Attention: Linda Halfman, c/o Globe Gazette, 300 North Washington Avenue, Mason City, IA, 50101. Office hours are Monday through Friday from 9:00 AM to 5:00 PM.

Grant applications must be postmarked no later than March 31st.

All questions within this application must be filled out. You must submit the original application and 5 additional copies, excluding this cover page. Please do not submit photographs, financial statements or other material pertinent to this request unless asked to do so. Do not staple this application or submit it in a binder. Submission of additional material may cause for disqualification.

Organization Information

Applicant Organization (Legal Name): _____

Doing Business As: _____

Previous Name, if changed: _____

Street Address: _____

City/State/ZIP: _____

Phone: _____

Fax: _____

E-mail: _____

Web Site: _____

IRS Name, as listed on 501(c)(3) letter: _____

IRS Letter Date: _____

Tax Exempt ID Number (EIN): _____

Executive Director: _____

Direct Phone: _____

Organization's Budget:

Revenue: _____

Expenses: _____

Organization's Endowment Size: _____

Organization's Major Funding Source(s):

Organization's Geographical Focus:

Have you received funding from the Elizabeth Muse Norris Charitable Fund in the past 3 years?

Yes No If you answered YES please indicate total funding received: _____

Please indicate which of these categories best describes the nature of this grant application:

- | | | |
|--|--|---|
| <input type="checkbox"/> Arts, Cultural | <input type="checkbox"/> Arts, Entertainment | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Community Improvement, Dev. | <input type="checkbox"/> Elderly Care, Food | <input type="checkbox"/> Education, General |
| <input type="checkbox"/> Education, Music | <input type="checkbox"/> Health Care, Medical, Mental | <input type="checkbox"/> Housing, Shelter |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Library | <input type="checkbox"/> Museums, Docent |
| <input type="checkbox"/> Parks, Recreation, Pools | <input type="checkbox"/> Public Safety, Protection, Fire | <input type="checkbox"/> Youth Development |

Program/Project Information related to this Grant Application/Request:

Program/Project Title: _____

Total Cost of this Project _____

Amount of Funding You Are Requesting of Us: _____

Program/project time period: _____

Grant Request contact person: _____

Title: _____

Email: _____

Direct Phone: _____

Organization Founded: _____

Number of Paid Staff (Full and part-time): _____

Number of Members Served Annually: _____

Describe Current Services Your Provide: _____

Please Summarize Proposed Project Activities/Objectives: _____

Brief description of the Program/Project: _____

Brief demographic description of who will benefit from the Program/Project, including the number of adults/children who will be impacted and/or affected: _____

Community/Counties/Geographical Area served by Program/Project: _____

Do any members of the Elizabeth Muse Norris Screening Committee serve on your board of directors?

Yes No If **YES**, please list their names _____

Have you also made an application to the Ray Rorick Foundation this year?

Yes No If **YES**, please indicate amount _____

Please list any other foundations you may have requested funding from and the amounts requested?

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

If you have received State Or Federal Grants/Funding within the past 12 months or will receive with the upcoming year, please list:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

What will you do if you do not receive the requested funding?:

What will you do if you only receive partial funding?:

Please add any other comments you would like to make for the benefit of the Screening Committee:

The undersigned hereby certifies that the information contained in this Grant Application/Request is correct to the best of our knowledge. We understand that our submission of this request does not guarantee funding will be provided in part or in whole.

Signature of Executive Director Date

Signature of Board President Date