Des Moines Area Association of REALTORS® Foundation Grant Application

Attach additional pages if needed

Organization Information

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Legal Name of organiza	tion (as stated on 501 (c)(3))	
Address		
City, State, Zip		
Phone number		
Web address (if applicab	ble)	
Contact Informa	tion	
Name	Title	
Phone number	E-mail address	
Description of your orga	anization:	
Organization's objective	es and goals:	
Amount and type The dollar amount being	e of support requested grequested: \$	
Funds are being requeston D General Operations D Program D Capital Project	ed for:	
Duration of program/car Month		Year

Proposal Summary

Program Name:
Summary of program and need:
Goals and projected outcomes:
Measurement criteria and milestones:
Number of people served:(Range is acceptable)
Geographic area served:
Additional contributors and amount of contribution (if applicable)
Authorization Name of executive director and/or Board Chair
Signature

After completing this form, attach copies of

- Recent, audited financial statement
- Evidence of IRS 501 (c)(3) status
- Annual report
- Program budget

Submit all documentation to:

Des Moines Area Association of REALTORS® Attn: Cindy Pelz 5950 Village View Drive #100 West Des Moines, IA 50266