

The Cy Rapp & Carolyn Rapp Charitable Trust
P. O. Box 287
Shenandoah, IA 51601

APPLICATION FOR FUNDS

Date _____ Amount Requested _____

Name of Organization _____

Name of Contact Person _____

Address _____

Phone _____ E-mail address _____

Organization's Mission Statement _____

Is the organization tax exempt under Section 501 (c) (3) of the IRS code? _____
If yes, please attach copy of the exemption letter.

Is the organization directed by a non-compensated, volunteer, rotating board? _____

What programs/services did your organization provide this past year? _____

How are the organization's programs/services assessed for effectiveness and success? _____

Please attach a specific, itemized list of what the grant would be used to purchase or fund.

Has or will the organization receive other supplemental charitable funding for the same purpose? If so, please list the source of funds and amounts. _____

Attach a copy of the organization's most recent financial/budget statement. If you are a large organization, only the budget of the specific department requesting the grant needs to be included.

Provide any additional remarks that you would like the board to consider, including how these funds will help to assist, encourage, and promote the well-being of the city of Shenandoah and the surrounding communities _____

Signature and title _____

Do Not Write Here – For Trust Use Only

Date Request Received _____

Date Request Approved/Denied _____

Amount Approved _____

Disbursement Date _____

Remarks/Restrictions _____

Authorized Signatures _____
