

KAY M. ANDERSON FOUNDATION

P. O. BOX 307
SHENANDOAH, IOWA 51601

REQUEST FOR FUNDS

Budget Request: \$ _____

Organization Name & Address: _____

Person Authorized to Receive Funds: Name: _____

Address: _____

Does Your Organization:

YES NO

1. Qualify as a tax-exempt organization under Section 501 (c) (3) of the Internal Revenue Code? If so, please attach copy of exemption letter.

2. Have direction from a volunteer board who serve without compensation and periodically rotate?

3. Duplicate similar services already available in the area?

Organization's Mission:

What Programs/Services Did Your Organization Provide This Year?

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How Are Organization Programs/Services Assessed for Effectiveness?

What Are Your Specific Objectives?

Target Population Served (Age, Sex, Special Interest, etc.):

What Supplementary Fund Raising Activities Does This Agency Conduct?

<u>ACTIVITY</u>	<u>NET \$ RESULTS</u>	<u>AREA COVERED</u>	<u>MONTH CONDUCTED</u>
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<u>Financial Highlights:</u>	<u>LAST YEAR</u>	<u>THIS YEAR</u>	<u>NEXT YEAR PROPOSED</u>
1. Total Expenses	<hr/>	<hr/>	<hr/>
2. Total Revenue & Support	<hr/>	<hr/>	<hr/>
K. M. Anderson Foundation Portion	<hr/>	<hr/>	<hr/>
3. Excess (Deficit) (2-1)	<hr/>	<hr/>	<hr/>
4. % Management & Administration Costs Of Total Revenues & Support	<hr/>	<hr/>	<hr/>

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Please Provide Any Additional Remarks Which You Would Like The Foundation Board to Consider:

Signed: _____

Title: _____

Address: _____

Date: _____

DO NOT WRITE HERE - FOR FOUNDATION USE ONLY

DATE REQUEST RECEIVED: _____

DATE OF BOARD CONSIDERATION: _____

REQUEST FOR FUNDS APPROVED/DENIED: _____

AMOUNT OF GRANT APPROVED: _____

DISBURSEMENT DATE: _____

REMARKS/RESTRICTIONS: _____

AUTHORIZED SIGNATURES: _____
