

Iowa Veterans Foundation

Application for Project

"Helping our veterans and their families to maintain the ideals they protected"

The Iowa Veterans Foundation supports successful partnerships with communities across the state of Iowa in achieving their veteran assistance visions.

The Iowa Veterans Foundation board will review your application for veteran assistance. In some cases, the board may request additional information from the applicant organization. All applicants can expect a timely response to their project application.

APPLICANT INFORMATION							
Date:	Organi	ization Name:					
City:					State:	ZIP Code:	
Primary Contact:							
Address:							
City:					State:	ZIP Code:	
Email:			Website:				
Daytime Phone: ()	e: () Evening F			Phone: ()			
PROJECT INFORMATION							
Project Name:							
Project Description:							
Project Goal(s):							
Project Dates: from	rom to				Project Money Goal: \$		
ORGANIZATION INFORMATION							
Organization's Formal Nam	ne:						
EIN #:		Iowa Business #:			How long have you been an organization?		
IRS nonprofit status:				How many members do you have in your organization?			
Is this your first application for assistance? If no, when was your la					was your last application d	ate?	
Additional Organization Information:							
AURTHORIZED APPLICANT FOR ORGANIZATION							
To the best of my knowledge, the information I have supplied is accurate and ask the board of the Iowa Veterans Foundation to consider our application for veteran assistance project.							
Signature of applicant						Date	