

Lynnville United Fund Grant Application

Grantmaker to whom this application is submitted:			
Application Date:		Org Website:	
Applicants Legal Name: (as shown on IRS Letter of Determination)			
Doing Business As: (if different from legal name)			
Address:			
City:	State:		Zip code:
Telephone #:	Fax #:		
Executive Director:	Phone #:		
	Email Address:		
Main Contact(s) for this Proposal:	Phone #:		
	Email Address:		
Board President:	Phone #:		
	Email Address:		

Applicant's tax exempt status/ IRS designation (e.g. 501(c)(3), 501(c)(9), etc)	(Attach a copy of the IRS Letter of Determination- NOTE- this is not the state sales and use tax exemption certificate. If there has been a name change provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination)
If not a 501(c)(3) Nonprofit, then who is fiscal agent?	

Organization's mission statement:

Type of request (check one):	
<input type="checkbox"/> Capacity Building	<input type="checkbox"/> Program/Project
<input type="checkbox"/> Capital	<input type="checkbox"/> Other (explain)
<input type="checkbox"/> General Operating Support	

<input type="checkbox"/> New Project	<input type="checkbox"/> Existing Project	<input type="checkbox"/> Expansion of Existing Project
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Project/Campaign Name: (if general operating please indicate)	
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Proposal Summary - In 100 words or less summarize the purpose of this request.

Funding Period Requested: (be specific)	/ / through / /	Amount Requested:	\$
Total Project Budget for this period: (not required if general operating request)	\$	Current Annual Organizational Budget:	\$
Organization Fiscal Year:	/ / through / /		
Geographic Area(s) Served:			

Any additional information to add to help us understand the scope of your project:	
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Agreement

I certify to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.

In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.

Signature, Executive Director _____ Date _____
(or authorizing official on behalf of the organization)

**Email completed application on or before April 15, 2023 to: lynnvilleunitedfund@gmail.com or
mail to: Lynnville United Fund at PO Box 187, Lynnville, IA 50153**