

# LETTER OF INQUIRY

## Organization Information

**\*Legal Name**

(Text)(100 character maximum)

Instructions:

- Organization's Legal Name

**AKA/DBA Name**

(Text)(100 character maximum)

Instructions:

- If applicable, list your organization's "Also Known As" or the "Doing Business As" name

**\*Address**

(Text)(100 character maximum)

Instructions:

- This will be your physical address.

**\*City**

(Text)(50 character maximum)

Instructions:

- Type the name in full (no abbreviation).

**\*State**

(Single-Select List)

Instructions

**\*ZIP**

(Text)(20 character maximum)

Instructions:

**\*County**

(Text)(255 character maximum)

Instructions:

- County of Organization

**\*Telephone**

(Text)(30 character maximum)

Instructions:

**Website Address**

(Text)(100 character maximum)

Instructions:

**\*CEO/Executive Director**

(Text)(255 character maximum)

Instructions:

**\*Organization History**

(Paragraph)(2000 character maximum)

Instructions:

- Briefly describe the history of your organization.

**\*Organization Mission Statement**

(Paragraph)(2000 character maximum)

Instructions:

- Provide your organization's mission statement.

**\*Organization Services**

(Paragraph)(2000 character maximum)

Instructions:

- Detail the services provided by your organization and the population(s) you serve.

## Proposal Information

**\*Project Title**

(Text)(255 character maximum)

Instructions:

- Enter the title of your grant request.

**\*Request Type**

(Single-Select List)

- Capital
- General Operating
- Program

Instructions:

- Based on the type of support you are seeking, select the application type. Before selecting the type of application, ensure that you have read the [Foundation's Grant Application Policies and Procedures](#) to familiarize yourself with the requirements for each type of support.

**\*Project Start Date**

(Date)

Instructions:

- Grant funds cannot be used for expenses incurred prior to grant notifications. IWF will not fund past-incurred debt. Refer to our grant guidelines for notification dates.

**\*Project End Date**

(Date)

Instructions:

**\*Total Project Amount**

(Currency)(20 character maximum)

Instructions:

- What is the total dollar amount of the project? This amount must be reflected in your *Uploaded Budget*. For applications through the Multi -Year Funding program, include the annual total of all of your lowa-Based programming.

**\*Requested Grant Amount**

(Currency)(20 character maximum)

Instructions:

- What amount of money are you requesting from the IWF? This amount cannot exceed 50% of the proposal budget.

**\*Percentage of Your Total Project**

(Number)(3 character maximum)

Instructions:

- What percentage of the total project budget is the amount requested?

**\*Proposal Budget**

(File Upload)File Upload; 1224288 byte limit

Instructions:

- A template is available to download. Right click on [Proposal Budget](#) and "Save Target As" to your computer. Once you've completed it, upload it by clicking the **Upload File** link below. Attach your file in xls or xlsx format (or mail a copy to IWF). The proposal budget must be submitted on the attached worksheet.

**\*Geographic Focus Areas**

Instructions:

- Provide a breakdown by percentage (to the nearest whole percent) of the counties

- PRIMARY FOCUS
- ----% Council Bluffs
- ----% Pottawattamie County (not CB)
- OTHER ELIGIBLE COUNTIES
- ----% Adams County, IA
- ----% Audubon County, IA
- ----% Carroll County, IA
- ----% Cass County, IA
- ----% Cass County, NE
- ----% Crawford County, IA
- ----% Douglas County, NE
- ----% Fremont County, IA
- ----% Harrison County, IA
- ----% Mills County, IA
- ----% Monona County, IA
- ----% Montgomery County, IA
- ----% Page County, IA
- ----% Sarpy County, NE
- ----% Shelby County, IA
- ----% Taylor County, IA
- ----% Washington County, NE
- OTHER
- ----% Other (specify in field below)

that this proposal is designed to support. The total should add to 100%.

See our [Website](#) for a description of these.

**Geographic Focus Area - Other**  
(Paragraph)(2000 character maximum)

Instructions:  
 • If you entered a percentage in "Other" for the Geographic Focus Area field, list the other counties and estimate the percentage.

**Please do not copy/paste quotation marks or bullets into the following paragraph fields. Quotation marks and bullets do not display correctly. You may fax, mail or email documents that you are unable to upload**

Instructions:

(No input required)

**\*Goal(s)**  
(Paragraph)(2000 character maximum)

Instructions:  
 • Overall, what do you expect to accomplish as a result of this grant?

## Contact Information

**\*Salutation**  
(Text)(100 character maximum)

Instructions:  
 • Enter a salutation, examples: Ms. , Mr.

**\*First Name**  
(Text)(40 character maximum)

Instructions:

**\*Last Name**

(Text)(40 character maximum)

- Type your first name and capitalize the first letter only.

Instructions:

- Type your last name and capitalize the first letter only.

**\*Title**

(Text)(50 character maximum)

Instructions:

- Role within your organization

**\*E-mail Address**

(Text)(100 character maximum)

Instructions:

- Enter your primary e-mail address.

**\*Address**

(Text)(100 character maximum)

Instructions:

- Address

**\*City**

(Text)(50 character maximum)

Instructions:

- Type the city in full - no abbreviation please. Capitalize the first letter only.

**\*State**

(Single-Select List)

Instructions:

- State

**\*Zip**

(Text)(20 character maximum)

Instructions:

- Zip

**\*Telephone**

(Text)(30 character maximum)

Instructions:

- Telephone

## Electronic Signature

**Check the box below to certify that the person submitting this request is authorized to represent the organization applying for a grant and that the organization is an eligible entity and not applying on behalf of an otherwise ineligible entity.**

Additionally, the person certifies that if a grant is awarded to the organization, the grant funds will be used for the purpose outlined in the grant award letter and may not be expended for any other purpose without written approval from the Iowa West Foundation.

**\*Authorized Electronic Signature**

(Checkbox List)

- I certify that the information is accurate and agree to the conditions specified.

Instructions: