



650 S. Prairie View Drive – 125 • Box 207 • West Des Moines, IA 50266

515.226.2388

www.brasforthecause.com

Grant Application

Add information as necessary to ensure that your project or program is accurately described.

Date: _____ Name of organization: _____

Contact person: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____ Fax number: _____ Email: _____

Tax ID#: _____ Website: _____ Registration date: _____

Mission of organization: _____

Project Name: _____

Project Summary (*brief summary of project for which you are requesting funding and how this will meet the needs of the community*):

County affected by project (list all targeted population): _____

Amount requested: (How will the funds be used and what will be the measuring tool used to evaluate the project's results?):

Total project/program budget: (After project completion, how will the organization sustain the project/program?)

Current funding sources: _____

Organization general expenses: _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

Questions? Contact grants@brasforthecause.com. Applications and required documents may be sent or emailed to:

Grants Director, Bras for the Cause
650 S. Prairie View Drive - 125
Box 207
West Des Moines, IA 50266