

# Letter of Inquiry

## Preview Form

This is an example of the Letter of Inquiry questions with which you will be presented. It is recommended that you compose the answers to the paragraph questions in a word processing program and then cut and paste that text into the online application.

### Organization Information

**\*Legal Name**

(Text)(100 character maximum)

Instructions:

- Organization's Legal Name

**\*Year Organized**

(Number)(4 character maximum)

Instructions:

Instructions:

**AKA/DBA Name**

(Text)(100 character maximum)

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

**\*Address**

(Text)(100 character maximum)

Instructions:

**\*City**

(Text)(50 character maximum)

Instructions:

- Type the name in full (no abbreviation).

**\*State**

(Single-Select List)

Instructions:

- Iowa
- Nebraska

**NOTE: The online section will show all state (they have been removed from this document). Remember only Iowa & Nebraska are eligible.**

**\*ZIP**

(Text)(20 character maximum)

Instructions:

**\*County**

(Text)(255 character maximum)

Instructions:

- County of Organization

**\*Telephone**

(Text)(30 character maximum)

Instructions:

**Fax**

(Text)(30 character maximum)

Instructions:

**Website Address**

(Text)(100 character maximum)

Instructions:

**\*IRS Tax Exempt On File**

(Yes/No)

Instructions:

- Does your organization have a copy of its IRS letter of tax-exempt status on file at IWF?

Instructions:

**IRS Tax Exempt Letter Upload**

(File Upload)File Upload; 3145728 byte limit

- If you do not have a copy of your IRS letter of tax-exempt status on file at IWF, upload a copy. Click the **Upload File** link to the right and attach your file in doc, docx or pdf format (or fax/mail a copy to IWF).

**\*CEO/Executive Director**

(Text)(255 character maximum)

Instructions:

# Letter of Inquiry

## \*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.

## Mission Statement Upload

(File Upload)File Upload; 10485760 byte limit

Instructions:

- If you have a printed version of your mission statement please upload.

## \*Organization Services

(Paragraph)(2000 character maximum)

Instructions:

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

## \*Organization Location

(Paragraph)(2000 character maximum)

Instructions:

- Detail the number of locations and the number of staff you employ.

## Contact Information

### \*Salutation

(Text)(100 character maximum)

Instructions:

- Enter a salutation, examples: **Ms.**, **Mr.**

### \*First Name

(Text)(40 character maximum)

Instructions:

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

### \*Last Name

(Text)(40 character maximum)

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 (This will be your physical address)

### \*City

(Text)(50 character maximum)

Instructions:

- Type the city in full - no abbreviation please

### \*State

(Single-Select List)

Instructions:

- State

**NOTE: The online section will show all state (they have been removed from this document). Remember only Iowa & Nebraska are eligible.**

- Iowa
- Nebraska

### \*Zip

(Text)(20 character maximum)

Instructions:

- Zip

### \*Telephone

(Text)(30 character maximum)

Instructions:

- Telephone

### \*Evening Telephone

(Text)(20 character maximum)

Instructions:

# Letter of Inquiry

**Other Phone**

(Text)(20 character maximum)

Instructions:

- Cell or other phone

**Fax**

(Text)(30 character maximum)

Instructions:

- Fax

## Proposal Information

**\*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, please ensure that you have read the [Foundation's Grant Application Policies and Procedures](#) to familiarize yourself with the requirements for each type of support.

**\*Request/Organization Name**

(Text)(200 character maximum)

Instructions:

- Enter the organization name

**\*Project Title**

(Text)(255 character maximum)

Instructions:

- Enter the title of your grant request.

**\*Request Date**

(Date)

Instructions:

Instructions:

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

**\*Project Start Date**

(Date)

**\*Project End Date**

(Date)

Instructions:

Instructions:

- What is the total dollar amount of the project? This amount must be reflected in your *Uploaded Budget*.

**\*Total Project Amount**

(Currency)(20 character maximum)

Instructions:

- What amount of money are you requesting from the IWF?

**\*Requested Grant Amount**

(Currency)(20 character maximum)

Instructions:

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

**\*Percentage of Your Total Project**

(Number)(3 character maximum)

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 xlsx or xls format (or mail a copy to IWF). The proposal budget must be submitted on the attached worksheet.

**\*Proposal Budget**

(File Upload)File Upload; 1224288 byte limit

Instructions:

- What is the primary focus area your project addresses?

**\*Primary Focus Area**

(Single-Select List)

# Letter of Inquiry

- Economic Development
- Education
- Healthy Families
- Other
- Place-Making Infrastructure
- Place-Making Quality of Life

See our [Grant Application Policies and Procedures](#) for a description of these.

## \*Geographic Focus Areas

- 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 (please specify in field below)

Instructions:

- Provide a breakdown by percentage (to the nearest whole percent) of the counties that this proposal is designed to support. The total should add to 100%.

See our [Funding Guidelines & Procedures](#) 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)

**\*Statement of Need**  
(Paragraph)(2000 character maximum)

Instructions:

# Letter of Inquiry

**\*Goal(s)**

(Paragraph)(500 character maximum)

- Briefly describe the need, problem or opportunity that your proposal addresses, utilizing available data and/or statistics.

Instructions:

- Overall, what do you expect to accomplish as a result of this program / project?

**\*Activities original**

(Paragraph)(2000 character maximum)

Instructions:

- List the activities you will implement in order to accomplish the goals you have described above.

## 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:

## Need Support?

OUR VISION is a community where families choose to live, and businesses choose to locate, because of its quality of life and standard of living.

Iowa West Foundation | 25 Main Place, Suite 550 | Council Bluffs, Iowa

712-309-3000