Warren H. Timmerman Charitable Trust Application Form

Grant Application Cover Sheet

*Applications MUST be received by Friday, July 11, 2025

01	rganization Information		
Name of organization		Legal name, if different	
Address	City, State, Zip	Employer Identification Number (EIN	<u>//</u>
Au0/655	City, State, Zip	Employer identification Number (En)
Name of contact person regarding this application	Title	Phone	
E-mail		Web site	
	Minimum Criteria		
he Warren H. Timmerman Charitable Trust ntity for charitable purposes in Carroll Cou		<u>/ a 501(c)(3) or governmental</u>	
Is your organization an IRS 501(c)(3) not-for-p		Yes	
If not, is your organization a public a		Tes Yes	
Is this for charitable purposes in Carroll Count		Yes	
	Proposal Information		
Give a brief 2-3 sentence description of the pro	oject for which you are requesting a	grant.	
	oject for which you are requesting a	grant.	
Population or area served:	oject for which you are requesting a	grant.	
Population or area served: Funds are being requested for (check one) General operating support	Start-up costs	Capital	
Population or area served: Funds are being requested for (check one)		-	
Population or area served: Funds are being requested for (check one) General operating support	Start-up costs	Capital	
Population or area served: Funds are being requested for (check one) General operating support Project/program support	Start-up costs Technical assistance	Capital	
	Start-up costs Technical assistance Budget	Capital Other (list)	
Population or area served: Funds are being requested for (check one) General operating support Project/program support Dollar amount requested: Total project budget:	Start-up costs Technical assistance Budget	Capital Other (list)	
Population or area served: Funds are being requested for (check one) General operating support Project/program support Dollar amount requested: Total project budget:	Start-up costs Technical assistance Budget	Capital Other (list)	
Population or area served: Funds are being requested for (check one) General operating support Project/program support Dollar amount requested:	Start-up costs Technical assistance Budget \$ \$ \$ \$ \$ \$	Capital Other (list)	

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PROPOSAL NARRATIVE

I. ORGANIZATION INFORMATION

Brief description of your organization and its mission or purpose.

II. PURPOSE OF GRANT

1. Short description of the purpose of the project, who it benefits, and what a successful outcome or conclusion would be for the project.

- 2. Does any other group or organization provide similar community benefits as the project or services being requested by this grant?
- 3. Do you have additional funding or matching funding for this grant request?
- 4. Time frame in which the project/activity will be completed or take place.

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ATTACHMENTS

- 1. Any written bids, proposals, graphics, etc. of the proposed project or program and its cost.
- 2. If you are a new 501(c)(3), a copy of your Determination Letter and finances may be required
- 3. Any other pertinent information which cannot be included within the format of this application.

SUBMISSION

Completed grant applications must be returned to the Trustee of the Warren H. Timmerman Charitable Trust - Attn: Tr ust Dept., Iowa Savings Bank, 510 West US Highway 30, Carroll, IA 51401 on <u>or before Friday, July 11, 2025. A</u> pplications may be returned by U.S. mail or physically to Iowa Savings Bank, inside, at the drive-up window or in the drop box. Completed applications may also be returned by email to following email addresses: imiddleton@iowasavingsbank.com, amenzel@iowasavingsbank.com, or <u>bmever@iowasavingsbank.com</u>

Questions regarding the grant applications may be emailed to: <u>imiddleton@iowasavingsbank.com</u> or <u>amenzel@iowasavingsbank.com</u>, or <u>bmeyer@iowasavingsbank.com</u>.

Successful Applicants will be required to provide a SUMMARY REPORT to the Trustee upon conclusion of the Project. Applicants MUST demonstrate that the Grant Proceeds were used as represented in the application. Applicants agree to provide any requested supporting documents. THE REPORT IS DUE NO LATER THAN <u>DECEMBER 1, 2025</u>. APPLICANTS AGREE TO THIS ESSENTIAL CONDITION AS A REQUIREMENT OF SUBMITTING A BID.

If you become aware that the project will not be completed by December 1, 2025, you are required to contact the the ISB trust department to explain why you are unable meet the deadline and to request an extension.