///AUREON™

Technology / Network Services

CHARITY GRANT PROGRAM

TO: Iowa Communities Served By

Aureon Participating Companies

FROM: Aureon

SUBJECT: Aureon Charity Grant Program

Aureon invites public and private non-profit agencies to submit proposals for consideration in assisting in your charity drives and/or funding of a specific project for your respective communities. Only those communities served by Aureon participating telecommunications companies are eligible to submit proposals.

Please submit a typed application to:

Aureon

7760 Office Plaza Drive South

West Des Moines, IA 50266

Questions?

(515)830-0371

TIME TABLE OF APPLICATION

Applications: Applications may be submitted anytime during the year. The committee will review quarterly the applications received by the end of each quarter. All applicants will be notified of the funding decisions.

Grant Recipients: All monies will be dispersed in a timely manner of the award being made by the Charity Grant Committee.

Grant Awards: Most awards range in amounts from $250 to $1,500.

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APPLICATION FOR AUREON CHARITY GRANT PROGRAM

7760 OFFICE PLAZA DRIVE SOUTH

WEST DES MOINES, IA 50266

Date: _____

Name of Organization:_____

Contact Person:_____

Address:_____

_____

Phone Number:_____

Sponsoring Telephone Company:_____

Grant Request Information:

Grant Amount Requested	$_____
Other Funds	$_____
Total	$_____

Have you previously received INS Charity Grant funding? Yes   No

If yes, was it for this particular project? Yes   No

Has the local telephone company donated any money to this project? Yes   No

If yes, how much money was donated? $_____

TALENT · TECHNOLOGY · TOOLS

1)   Describe your agency, including its organization and services offered to the community.

2)   Explain what unmet need within the community will be addressed by your project (include supporting data if available). *Please state what <u>tangible</u> items will be purchased with the grant money and an itemized listing of their estimated costs.*

3) Provide the number of persons presently being served and the anticipated number to be served by this project. Provide data on the total population of community or area served.

4) In narrative form, describe any eligibility requirements for participants in your program.

5) List the city and the facility location of the project where services will be provided. How soon could you begin the services funded by this grant?

6) Describe specific project goals, which will be accomplished with the requested grant funds.

7)   Financial Information:

    a)   List all sources and amounts of income and contributions you have received during the past year for this project.

    b)   List sources of funds you expect to receive for the period for which you are requesting these grant funds. Please note which amounts are committed and which are projected at present time.

8)   Provide a minimum of three (3) letters of support, which consists of <u>two</u> support letters preferably from elected officials of the city, county, or state; and <u>one</u> support letter from your local telephone company who is a participating telecommunications company of Aureon, and provides service to your community.

9) Assurances:

As a recipient of Aureon Charity Grant funds, and as a duly authorized representative of this organization, I certify that this organization:

- Will use funds to supplement and extend existing resources and not to substitute or reimburse ongoing programs and services;
- Is not-for-profit;
- Conducts an annual audit;
- Practices non-discrimination; (if an agency has a religious affiliation, it will not refuse service to an applicant based on religion, nor engage in religious proselytizing in any programs receiving Aureon Charity Grant funds);
- If private, not-for-profit, has a voluntary board;
- Will expend monies only on eligible costs and keep complete documentation (copies of canceled checks, invoices, receipts, etc.) on all expenditures.

NAME: _____

(Printed Board Chairperson Name)

_____

(Signature of Board Chairperson)

AGENCY: _____

ADDRESS:_____

_____

DATE:_____

10) If granted funds, please state the name of the organization to which the grant check should be addressed:

_____