

TO: Iowa Communities Served By Iowa Network Services' Participating
Telecommunications Companies

FROM: Iowa Network Services, Inc.

SUBJECT: INS Charity Grant Program

Iowa Network Services, Inc. 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 Iowa Network Services' participating telecommunications companies are eligible to submit proposals.

Please submit a detailed typewritten application to:

Ronald L. Keller
President/CEO
Iowa Network Services, Inc.
4201 Corporate Drive
West Des Moines, IA 50266-5906
(515) 830-0110
Fax (515) 830-0123

TIME TABLE OF APPLICATION

Applications:	<p>Applications may be submitted anytime during the year. The committee will review quarterly the applications received by the last day of each quarter. Applicants will be notified of the funding decisions.</p> <p>Only those communities served by Iowa Network Services' participating telecommunications companies are eligible to submit proposals.</p> <p>Grants are not awarded for operating expenses. The grant must be for <u>tangible</u> items needed by the organization.</p>
Grant Recipients:	<p>All monies will be dispersed in a timely manner of award being made by the Charity Grant Committee.</p>
Grant Awards:	<p>Most awards range in amounts from \$250 to \$1,500.</p>

APPLICATION FOR FUNDS
INS CHARITY GRANT PROGRAM
4201 CORPORATE DRIVE
WEST DES MOINES, IA 50266-5906

Date: _____

Name of Organization: _____

Contact Person: _____

Address: _____

Phone Number: _____

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? \$ _____

3) Provide the number of persons presently being served and the anticipated number to be served by this project. Provide data on 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, of which two (2) are preferably from elected officials of your city, county, or the state; and one (1) letter from your local telephone company who is a participating telecommunications company of Iowa Network Services, Inc., and provides service to your community.

9) Assurances:

As a recipient of INS 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 INS 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 cancelled checks, invoices, receipts, etc.) on all expenditures.

NAME: _____
(Printed Board Chairperson Name)

(Signature of Board Chairperson)

AGENCY: _____

ADDRESS: _____

DATE: _____