



## 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.

### **Submission:**

Please upload a typed application and your letters of support to

[www.SurveyMonkey.com  
/R/AureonGrants](http://www.SurveyMonkey.com/R/AureonGrants)

or email files to

[Giving@Aureon.com](mailto:Giving@Aureon.com)

### **Questions:**

[Giving@Aureon.com](mailto:Giving@Aureon.com)

(515)245-7726

## 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 award being made by the Charity Grant Committee.

**Grant Awards:**

Most awards range in amounts from \$250 to \$1,500.



**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? \$ \_\_\_\_\_

If you are awarded Aureon Charity Grant funds, does your local telephone company provide any matching funds? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify potential matching funds amount? \$ \_\_\_\_\_





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, which consists of two support letters preferably from elected officials of the city, county, or state; and one support letter from your local telephone company who is a participating telecommunications company of Aureon, and provides service to your community.

Letters may be uploaded to [www.SurveyMonkey.com/R/AureonGrants](http://www.SurveyMonkey.com/R/AureonGrants) when you submit your application or you may email all grant materials (application and letters) to [Giving@Aureon.com](mailto:Giving@Aureon.com) if you prefer.





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 cancelled checks, invoices, receipts, etc.) on all expenditures.

By submitting this application, you agree to the assurances listed above.

SIGN: \_\_\_\_\_