

# Davenport Noon Optimist Club

PO Box 514, Davenport, IA 52802

## Funding Application



Name of Organization: \_\_\_\_\_

Is this your first application to this funder? YES / NO Please list previous grants from this funder:  
YEAR AMOUNT PROJECT TITLE

Project Title: \_\_\_\_\_

Is this a new project? YES NO

Is this an enhancement/continuation of a project? YES NO

Amount Requested: \_\_\_\_\_ Total cost of project: \_\_\_\_\_

In 20 words or less describe how the grant is to be utilized: \_\_\_\_\_

Description of Project: \_\_\_\_\_

Amount of Annual Operating Budget: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

Major Funding Sources: \_\_\_\_\_

Board of Trustees: \_\_\_\_\_

Additional information / Mission Statement: \_\_\_\_\_

Signature of Executive Director: \_\_\_\_\_

Signature of Board President: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_