



Community Investment Program Application

CONTACT INFORMATION		
CONTACT NAME:	Date M/D/Y:	
ORGANIZATION:		
ADDRESS:	CITY:	
STATE:	ZIP:	
TELEPHONE:	EMAIL:	
ORGANIZATION INFORMATION		
Is the organization registered as a non-profit or charitable organization? <input type="checkbox"/> Non-Profit <input type="checkbox"/> Charitable <input type="checkbox"/> None		
Briefly describe your organization, its goals and purpose: <input type="checkbox"/> Attached		
FUNDING REQUEST		
Type of Request: <input type="checkbox"/> Funding <input type="checkbox"/> Employee Services/Expertise <input type="checkbox"/> Other (please specify):		
Describe the need for which you are requesting funds: <input type="checkbox"/> Attached		
Amount of funding Requested: \$	What is your overall Budget: \$	Amount raised to date: \$
Describe other funding sources: <input type="checkbox"/> Attached		
Has MARSHALLTOWN provided funding to your organization in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when?	For what purpose?	
If your request is for employee services or expertise, please describe your requirement: <input type="checkbox"/> Attached		
How does your request meet MARSHALLTOWN's funding criteria? <input type="checkbox"/> Attached		

MARSHALLTOWN will accept only one application per organization each calendar year. Funding decisions are made within 90 days of receiving your completed application. Due to the volume of applications we receive, MARSHALLTOWN will respond only to organizations approved for funding. You will be contacted by a member of our Community Contribution Committee.

If your application is approved for funding, MARSHALLTOWN may request that you provide a brief summary outlining how our contribution has helped benefit the community.