CARMA MOHLER FUND TO ALLEVIATE HUNGER GRANT CHECKLIST

...for I was hungry and you gave me food....
Matthew 25:35

To submit your application, please compile the information in the following order:

□ A. Application with all required information and signatures completed.

□ B. Essay questions – 2 page maximum.
   □ 1. Describe the project for which you seek funding. What are your goals? Who will benefit from the project? Please specify geographic region covered by proposal.
   □ 2. What activities or expenses will be covered by this grant?
   □ 3. How will you know if the project is a success?
   □ 4. How do you plan to fund this project in the next 2-3 years?

□ C. Please attach the following:
   1. Confirmation of charitable nonprofit status, either:
      □ Copy of the Iowa United Methodist Journal page that verifies inclusion as an Iowa United Methodist Church (grants to church-affiliated groups will be paid to the church), OR
      □ Copy of IRS determination letter showing 501(c)(3) nonprofit status.
   2. Mission Statement (organizational body and/or hunger-focused group).
   3. Project budget, including pending and committed.
   4. Two letters of recommendation.

□ D. Checklist with all signatures completed.

We certify that all information is complete and in good order. We understand late or incomplete applications cannot be accepted by the Foundation.

Applicant Signatures (3 required):

Contact Person Signature
_________________________________________ Date

Program Coordinator Signature
_________________________________________ Date

Board of Directors Signature
_________________________________________ Date

Submit complete application packets no later than October 1 annually to:
Iowa United Methodist Foundation | 2301 Rittenhouse Street | Des Moines, IA 50321
CARMA MOHLER GRANT APPLICATION
Deadline: October 1 Annually

<table>
<thead>
<tr>
<th>Application Title:</th>
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</thead>
<tbody>
<tr>
<td>Applicant Organization:</td>
</tr>
<tr>
<td>Contact Person, Phone Number, Email:</td>
</tr>
<tr>
<td>Executive Director:</td>
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<tr>
<td>Board of Directors Chairperson:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City, State, ZIP:</td>
</tr>
<tr>
<td>Tax ID #:</td>
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<tr>
<td>Amount Requested: $</td>
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<tr>
<td>Total Project Budget: $</td>
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We certify that all information included in this application and all attachments present a fair and complete description of our organization and how this grant will be used. *If we receive funding, we agree to provide a report showing how funds were utilized and an evaluation of the success of the program no later than September 1 of the award year.*

Signatures:

__________________________  __________________________
Board of Directors  President or Chair  Date

__________________________  __________________________
President or Executive Director  Date