

Charitable Donations Committee Funding Request Form

Date: _____

Name of Organization Requesting Funding: _____

Organization's Address: _____

Contact Person's Name: _____

Contact Person's Address: _____

Please describe the funding request: _____

Please answer the following questions via an attachment:

1. How does the request meet one of the LCBA Charitable Donation objectives?
2. What is the impact if LCBA does not fund the request?
3. What is the likelihood that this entity will ask for funding next year?
4. Have you asked for funding from the LCBA in the past six years? If yes, how much did you request and how much did you receive?
5. Can the organization proceed with partial funding?
6. What other sources of funding does the organization have?
7. How effectively does the organization use the funds it receives?
8. Is the entity financially stable?
9. What is the size and makeup of the population benefited by the organization?
10. What geographic area will the organization serve?

Please provide any other information and/or documentation that you believe would be helpful in guiding the Charitable Donations Committee's decision regarding funding. Feel free to include information as attachments.

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