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CHRYSLIS FOUNDATION

2019-2020 COMMUNITY GRANTS PROGRAM

ORGANIZATION PROFILE

Please Submit Annually When Intending to Apply for Funding

Organization Information

* Form works best with Internet Explorer or Google Chrome*

Name of organization		
Legal name (if different)		
Address		
City, State, Zip, County		
Phone	Fax	Website
Top paid staff person		
Title	Phone	E-mail
Grant contact person (if different)		
Title	Phone	E-mail
Total full-time staff		Total part-time staff
Total number board members		Total number volunteers

Tax Exempt Status

<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 509(a)(1)	<input type="checkbox"/> 509(a)(2)	<input type="checkbox"/> School	<input type="checkbox"/> Government
<input type="checkbox"/> Not a nonprofit organization; have a fiscal sponsor			Fiscal sponsor name	
Tax ID Number		Date of IRS Determination Letter		

Organization Mission and Budget

Mission statement	
Brief description of activities/objectives	
Programming site(s), if different from above	
Primary population served (age, socio/economic status, race/ethnicity)	
Geographic area served	
Number of women and girls served/% of total persons served by organization in 2018	
Organization PRIMARY area of focus (choose only one): <input type="checkbox"/> Safety <input type="checkbox"/> Security <input type="checkbox"/> Education <input type="checkbox"/> Economic Empowerment	
Annual operating budget \$	Audited? <input type="checkbox"/> Yes <input type="checkbox"/> No

Required Documents

- Copy of IRS determination letter
- Copy of current organization annual budget
- List of Board of Directors
- Copy of Certificate of Insurance
- Copy of Organization Strategic Plan

Authorization

Name/title of top paid staff or Board chair: _____

Signature of top staff or Board chair: _____

By checking here you acknowledge that by submitting an electronic signature, you are providing an electronic mark, that is held to the same standard as a legally binding equivalent of a handwritten signature provided by you.