

# MAE REUSSER COMMUNITY BETTERMENT TRUST GRANT APPLICATION

To be filled in by Mae Reusser Community Betterment Trust "MRCBT":

Date Received: \_\_\_\_\_ Application No.: \_\_\_\_\_

The Mae Reusser Community Betterment Trust was established for use by individuals or organizations which have expressed an interest in undertaking community betterment projects located within the Monona city limits.

## INSTRUCTIONS

All applications are due by **3:00 p.m.** on **June 28, 2024.**

Please answer all questions. Please return the original application.

### I. APPLICANT INFORMATION

Name of applicant/organization: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

Give a brief description of your organization. Include its purpose, describe population served and programs offered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List officers and/or directors on your board:

1: \_\_\_\_\_ 4: \_\_\_\_\_

2: \_\_\_\_\_ 5: \_\_\_\_\_

3: \_\_\_\_\_ 6: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant or Organization's President

## II. FINANCIAL INFORMATION

Please attach your organization's most recent financial information including starting balance, income sources, expenses and ending balance or write figures below.

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## III. PROJECT INFORMATION

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

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Project Contact Person: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Dollar amount requested from MRCBT: \_\_\_\_\_

Dollar amount from other sources: \_\_\_\_\_

Total Project Amount: \_\_\_\_\_

(Note: the MRCBT may decide to grant a portion of the requested amount.)

What funds, from other sources, have been received or are under consideration for this project: \_\_\_\_\_

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What is the purpose of the project and what human or community needs will this project address:

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Please attach or provide a project budget indicating sources of income and costs by category. Be specific: (i.e. labor, travel, supplies, printing, postage, equipment, etc.)

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If this grant request is approved, a project evaluation and/or written report must be submitted to MRCBT (City Hall) within one (1) year from grant receipt (or within one (1) month of completion of project, if completion occurs in less than a year). If not complied with, a penalty fee of up to 25% of the granted funds may be levied and/or organization may be denied permission to re-apply to the MRCBT for a period of five years.

Any publicity, advertising, etc. must acknowledge this MRCBT as a sponsor/facilitator of the project. Each project, when completed, shall formally and permanently acknowledge the MRCBT as the sponsor of the project.

The MRCBT board reserves the right to not grant any funds during a fiscal period.

The MRCBT reserves the right to request a presentation of the project in person before its committee, if so desired.

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Signature of Grant Applicant

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Date

MRCBT  
Monona City Hall  
104 E. Center St.  
P.O. Box 298  
Monona, IA 52159