



Pella Rolscreen Foundation
102 Main Street
Pella, Iowa 50219

Grant Proposal

Organization Name: _____ Organization EIN #: _____

Address: _____

Contact Person: _____ Phone: _____

Email Address: _____

Date: _____

Paragraph description of the **organization**:

Title of Project: _____

Amount requested from Foundation: \$ _____ Total cost of project: \$ _____

Paragraph summary of **proposal**:

Please list any grants received from the Pella Rolscreen Foundation in the past five years and indicate how they were used:

Please attach your most recent financial statement, a copy of your Annual Report, and a copy of your 501(c)(3), if you have not received funding from this Foundation.