



## CHARITY GRANT PROGRAM

**TO:** Iowa Communities Served By  
Aureon Participating Companies

**FROM:** Aureon

**SUBJECT:** Aureon Charity Grant Program

Aureon invites public and private non-profit agencies to submit proposals for consideration in assisting in your charity drives and/or funding of a specific project for your respective communities. Only those communities served by Aureon participating telecommunications companies are eligible to submit proposals.

Please submit a typed application to:

Ronald L. Keller -CEO

**Aureon**

**7760 Office Plaza  
Drive South**

**West Des Moines, IA  
50266**

**Questions?**

(515)830-0371

## TIME TABLE OF APPLICATION

**Applications:**

Applications may be submitted anytime during the year. The committee will review quarterly the applications received by the end of each quarter. All applicants will be notified of the funding decisions.

**Grant Recipients:**

All monies will be dispersed in a timely manner of award being made by the Charity Grant Committee.

**Grant Awards:**

Most awards range in amounts from \$250 to \$1,500.



**APPLICATION FOR AUREON CHARITY GRANT PROGRAM**

7760 OFFICE PLAZA DRIVE SOUTH  
WEST DES MOINES, IA 50266

**Date:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

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

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Sponsoring Telephone Company:** \_\_\_\_\_

***Grant Request Information:***

Grant Amount Requested                      \$ \_\_\_\_\_

Other Funds    \$ \_\_\_\_\_

Total    \$ \_\_\_\_\_

**Have you previously received INS Charity Grant funding?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, was it for this particular project?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Has the local telephone company donated any money to this project?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, how much money was donated?** \$ \_\_\_\_\_





3) Provide the number of persons presently being served and the anticipated number to be served by this project. Provide data on total population of community or area served.

4) In narrative form, describe any eligibility requirements for participants in your program.



5) List the city and the facility location of the project where services will be provided. How soon could you begin the services funded by this grant?

6) Describe specific project goals, which will be accomplished with the requested grant funds.





- 8) Provide a minimum of three (3) letters of support, which consists of two support letters preferably from elected officials of the city, county, or state; and one support letter from your local telephone company who is a participating telecommunications company of Aureon, and provides service to your community.