



Pella Rolscreen Foundation

102 Main Street
Pella, IA 50219

Grant Proposal

Organization Name: _____

Address: _____

Contact Person: _____ Telephone: _____

Email Address: _____ Date: _____

One-paragraph description of the Organization:

Title of Project: _____

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

A one paragraph summary of Proposal: (Additional information may be included separately.)

(Feel free to attach additional information that may help in our determination.)

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, and a copy of your Annual Report, and a copy of your 501(c)(3) if you have not received funding from this Foundation.