

# OGDEN ALUMNI ASSOCIATION



oaabulldogs@gmail.com



PO Box 12  
Ogden, IA 50212

**501C(3) Not for profit**

**Tax Exempt ID #47-3260893**

## Application for OAA Grant

We do hereby submit the following information in support of our request for a grant from the Ogden Alumni Association

1. Teacher, administrator, or sponsor name: \_\_\_\_\_
  - a. Point of contact's phone number: \_\_\_\_\_
  - b. Point of contact's email address: \_\_\_\_\_
2. Class, organization, or department: \_\_\_\_\_
3. Tax Exempt Status or ID (if applicable): \_\_\_\_\_
4. Amount Requested: \_\_\_\_\_ Funds Needed by: \_\_\_\_\_
5. What is the total projected cost of the project? \_\_\_\_\_
  - a. When submitting this form, please submit a copy of any written estimates and/or receipts you have from vendors and/or suppliers. (If grant is awarded, you will be required to furnish copies of purchase invoices/receipts
  - b. Please list any other sources of funding:
6. Please share a brief description of the objectives and description of the project:

NOTE: All signatures on the next page are required to be obtained **before** this form will be processed by the Ogden Alumni Association, to maintain communication between applicants and administration.

Applicant's Signature: \_\_\_\_\_

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

Applicant's Printed Name: \_\_\_\_\_

Building Principal's Signature: \_\_\_\_\_

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

Building Principal's Printed Name: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_

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

Superintendent's Printed Name: \_\_\_\_\_

**Please email completed application to: oaabulldogs@gmail.com, attn: Samantha Stephens or mail to:  
Ogden Alumni Association, PO Box 12, Ogden IA 50212**

**Ogden Alumni Association Decision:**

Approved  Denied  Other: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

Notes:

OAA Signature: \_\_\_\_\_

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

OAA Printed Name: \_\_\_\_\_