



General Information

Fund Description: IronMountain Solutions Employee Peaks Fund. Previous grants have ranged from \$1,500 - \$5,000.

Fund Grant Deadline: 4:00 pm CST, October 15, 2020

Eligible Recipients:

- Must be a non-profit organization under section 501(c)3 of the Internal Revenue Code and contributions shall be deductible under section 170 of the Internal Revenue Code
- Must be a community-based organization operating in the area of Huntsville, Alabama or surrounding communities where IMS and subsidiaries' employees reside
- Services rendered by the organization (including religious organizations) must be open to all members of the community regardless of race, religious beliefs, political affiliation, ability to pay or background
- Must fit into one of the Quality of Life Priorities listed below:

Quality of Life Priorities:

- **Basic Needs** – Food, shelter, jobs, family support and animal welfare services
- **Health & Wellness** – Improvement in areas such as obesity, addiction, smoking and encouraging more active healthy lifestyle choices
- **Environment** – Access to clean air, water, and recreational areas. Protection of natural resources, encouraging sustainable development, and reducing energy consumption
- **Neighborhoods & Community** – Fostering civic engagement and community redevelopment
- **Lifestyle** – Access and support to the arts, culture, sports, music, theater, libraries and other community lifestyle experiences including outdoor recreational and entertainment opportunities
- **Emergency Relief** – Disaster relief and preparedness, emergency response and recovery efforts
- **Economy** - Develops an entrepreneurial eco-system by equipping entrepreneurs and innovators to create and launch businesses and providing job growth for a diverse workforce
- **Education** – Areas such as early childhood development, student achievement, college and career readiness, support for underserved or at-risk community segments, and fostering success of local educational systems.

Ineligible Recipients/Expenses:

- Recipients awarded within the previous grant period
- Grants to individuals
- Debt reduction
- Endowment campaigns or annual campaigns
- Special events or membership drives
- Conference expenses
- Political contribution or activities
- Private foundations

Award Determination:

- Grant award determinations for the IronMountain Solutions Employee Peaks Fund are made by the Board of Directors and voted on by all contributing employees

Submission:

- Please email combined PDF to egf-bod@imsinc.us or mail/hand deliver complete Grant Application package by 4:00pm CST on or before October 15, 2020 for consideration.

Grantee Responsibilities:

- Successful grantees may be required to sign a Grant Agreement prior to receiving funding. The Grant Agreement will specify among other things, how the Grantee must report back, how the grant funding was used and what measurable outcomes were achieved as a result of the Funded project.



2020 GRANT APPLICATION

Deadline for submission: October 15, 2020 by 4pm CST

GRANT APPLICATION INSTRUCTIONS

Complete grant applications must be:

1. The official IronMountain Solutions Employee Peaks Fund Grant Application Form
2. Submitted by identified deadline for consideration in the current cycle:
DEADLINE FOR RECEIPT OF GRANT APPLICATION PACKAGE TO BE CONSIDERED IS OCTOBER 15, 2020 BY 4:00PM CST.
Applications received after the deadline WILL NOT be eligible for a grant during the current grant cycle and must be resubmitted, with appropriate support documentation, for consideration in sub-sequent grant periods.
3. Signed by an authorized official of your organization, as well as the Board President or Chairperson
4. Submitted electronically in a combined PDF form to **egf-bod@imsinc.us**.
or returned to:
IronMountain Solutions, Inc.
300 Voyager Way, Suite 100
Huntsville, AL 35806

Organizations that meet the application criteria and eligibility guidelines should be prepared to schedule a site visit with an Employee Peaks Fund representative. The representative may have additional questions and may request a tour of the facility.

Organizations receiving grants may be asked to send a representative to an Employee Peaks Fund meeting to receive the award. Recipients must also agree to allow IronMountain Solutions and the Employee Peaks Fund to advertise the award via social media and other advertisement platforms. A high-resolution logo will be requested.

Applications will be considered only for the current grant cycle and will not be revisited for future cycles. Organizations may reapply during each grant cycle with updated information.

For questions, please email egf-bod@imsinc.us.



2020 GRANT APPLICATION

Deadline for submission: October 15, 2020 by 4pm CST

1. GENERAL INFORMATION

Organization Name:	
EIN#:	Date:
Address:	
Grant Writer Name and Title:	
Email:	Phone:
Website:	National Affiliation:

2. BOARD INFORMATION

<i>President/Chairperson</i>	<i>Director</i>
Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

3. REFERENCES *(People outside your organization who are familiar with your services)*

<i>Reference One</i>	<i>Reference Two</i>
Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

4. FINANCIAL INFORMATION *Information will remain confidential and will be viewed only by the Employee Peaks Fund Board of Directors. Please attach the following:*

- | | |
|---|---|
| <input type="radio"/> Balance Sheet from most recent fiscal year | <input type="radio"/> Most recent IRS Form 990 |
| <input type="radio"/> Income Statement from most recent fiscal year | <input type="radio"/> Detailed Grant Request Budget |



2020 GRANT APPLICATION

Deadline for submission: October 15, 2020 by 4pm CST

5. **ADDITIONAL INFORMATION** *Please use attachments as necessary.*

A. Does your organization have a current 501(c)(3) status and are contributions deductible by donors under section 170 of that code?

YES NO

B. Is your organization managed, affiliated with, operated or controlled by any of the following types of organizations:

- *religious*
- *political*
- *fraternal*
- *civic*
- *government (tax supported)*
- *educational institution*

YES (please explain below) NO

C. Will you be partnering or have you partnered in the past with other organizations to help achieve your goals? If so, please list the agency name(s) and describe their role.

YES (please explain below) NO

D. Please describe your organization's purpose and activities, goals, mission statement, etc.

E. Which of the following Quality of Life Priorities does your organization/grant request fit into?

- Basic Needs
- Lifestyle
- Environment
- Health & Wellness
- Neighborhoods & Community
- Emergency Relief
- Education
- Economy



2020 GRANT APPLICATION

Deadline for submission: October 15, 2020 by 4pm CST

6. ADDITIONAL INFORMATION *Please use attachments as necessary.*

A. Please describe the purpose/activity/service of your grant request. Which geographic location/community/client group would benefit from the award of this specific grant? How much funding are you requesting and what do you intend to use it for? Please attach a detailed project/grant request budget.

B. If issued a grant by the Employee Peaks Fund, what is your proposed timeframe for use of the monies? By which, if any, specific date would you like to receive the grant?

C. Describe any challenges you anticipate facing to achieve the intended results. How do you anticipate overcoming these challenges?

D. If issued a grant from the Employee Peaks Fund, are you willing to provide a report describing the use, expenditure receipts, photographs and/or other information used to illustrate usage of the monies within 60 days of utilizing the funds?

YES NO (please explain below)

7. SIGNATURES

I certify that all information on this application is true and correct, and I agree to comply with all requirements of this application. Upon selection as a grant award recipient, I provide permission to IronMountain Solutions/ Employee Peaks Fund to announce the award through their social media and other advertising platforms.

Executive Director Name:	Signature: _____	Date:
Board President/Chairperson Name:	Signature: _____	Date: