



# 2025 GRANT APPLICATION

Deadline for submission: Wednesday, April 17, 2025 by 4 p.m. CDT

## 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:

- **Arts & Culture** – Enriches the community through arts, culture, and lifestyle experiences
- **Basic Needs** – Provides food, clothing, and shelter
- **Economic Opportunity** – Equips individuals and organizations through training, creating employment opportunities, and promoting growth of the entrepreneurial community
- **Education** – Invests in early childhood development, K-12 students, college and career readiness, post-secondary education, and lifelong learning
- **Environment** – Stewards our community's natural resources
- **Health & Wellness** – Addresses physical health, mental health, and wellness
- **Neighborhoods & Community** – Strengthens entire neighborhoods or communities through a holistic approach
- **Recreation** – Engages in experiences that refresh the mind, body and spirit

## Ineligible Recipients/Expenses:

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

## Submission:

- Please email [epf-bod@imsinc.us](mailto:epf-bod@imsinc.us) complete Grant Application package including supporting documents on or before April 17, 2025 by 4:00pm CDT for consideration. 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 subsequent grant periods.

## Award Determination:

- Grant award determinations are voted on by all contributing employees and finalized by the Board of Directors.
- Previous grants have ranged from \$2,000 - \$7,500.
- By submitting a grant application, applicants acknowledge that if voted to receive a grant, their organization may not be awarded the full grant request. Grants are distributed as funding is available.

## Grantee Responsibilities:

- Recipients must agree to comply with all requirements of this application and may be required to provide a grant funding report on how the funding was used/what measurable outcomes were achieved as a result of the project.



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## GRANT APPLICATION INSTRUCTIONS

### *Requirements for complete grant applications:*

1. The official IronMountain Solutions Employee Peaks Fund Grant Application Form and supporting documents listed below
2. Submitted by identified deadline for consideration in the current cycle:  
**DEADLINE FOR RECEIPT OF GRANT APPLICATION PACKAGE TO BE CONSIDERED IS APRIL 17, 2025 BY 4:00PM CDT**
3. Signed by an authorized official of your organization, as well as the Board President or Chairperson
4. Submitted electronically to [epf-bod@imsinc.us](mailto:epf-bod@imsinc.us)

Organizations that meet the application criteria and eligibility guidelines should be prepared to schedule a site visit with an Employee Peaks Fund representative, if requested.

Grants will be dispersed within the month of June 2025. Organizations receiving grants will be asked to send a representative to receive the award and speak about their organization at the Employee Peaks Fund Grant Reception. Recipients must also agree to allow IronMountain Solutions and the Employee Peaks Fund to advertise the award via social media and other advertisement platforms. Please email a high-resolution logo to [epf-bod@imsinc.us](mailto:epf-bod@imsinc.us) upon submitting your grant application package.

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 [epf-bod@imsinc.us](mailto:epf-bod@imsinc.us).

## SUPPORTING DOCUMENTS

### **Financial Information (if applicable)** — *Refer Page 3, Item IV*

- **Balance Sheet from most recent fiscal year**
- **Detailed Grant Request Budget**
- **Income Statement from most recent fiscal year**
- **Most recent IRS Form 990**

### **Additional Information** — *Refer Page 5, Item G*

- **Detailed project/grant request budget**

### **Marketing Materials** — *Refer Page 2, Paragraph 2 following “Requirements for complete grant applications”*

- **High-resolution logo (.png, .svg, .eps)**



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## I. GENERAL INFORMATION

Organization Name:	
EIN#:	Date:
Address:	
Executive Director Name:	Phone:
Email:	
Grant Writer Name:	Title:
Email:	Phone:
Website:	National Affiliation: <i>(if applicable)</i>
How did you hear about the IMS Employee Peaks Fund? <input type="radio"/> IMS Employee <input type="radio"/> Social Media <input type="radio"/> Past EPF Grant Recipient <input type="radio"/> Other Please provide IMS Employee Name, Past Grant Recipient or Other: _____	

## II. BOARD INFORMATION

President/Chairperson	Additional Board Member
Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

## III. REFERENCES

*Please provide people outside your organization who are familiar with your services.*

Reference One	Reference Two
Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

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

## IV. FINANCIAL INFORMATION

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



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## V. 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.** Does your organization provide services that are open to all members of the community regardless of race, religious beliefs, political affiliation, ability to pay or background?

YES  NO (please explain below)

**C.** 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

**D.** 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

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



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**F.** Which of the following Quality of Life Priorities does your organization/grant request fit into? (select all that apply)

- Arts & Culture
- Education
- Neighborhoods & Communities
- Basic Needs
- Environment
- Recreation
- Economic Opportunity
- Health & Wellness

**G.** 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?

**H.** How much funding are you requesting and what do you intend to use it for? What is your proposed timeframe for use of the funds? By which, if any, specific date would you like to receive the grant? **\*Please attach a detailed project/grant request budget.**

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

**J.** 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)

## VI. SIGNATURES

*Please note that while we carefully consider each funding request, we may not be able to award the full amount requested. Our goal is to distribute funds in a manner that maximizes the impact across all applicants. Therefore, partial funding may be provided based on contributor voting and availability of resources.*

*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: