

### **Grant Application**

The Wapello County Foundation grant can be completed electronically using the form below.

Please email completed application to samantha@sosb-ia.com.

Optional: A printed version of your completed application may still be delivered to South Ottumwa Savings Bank, Trust Department, 320 Church St., Ottumwa, IA 52501, if you so choose.

#### **Application Checklist**

- Copy of IRS nonprofit letter of determination for the organization or fiscal sponsor
- Endorsement of project by governing body of organization (if applicable)
- Project budget accompanied with copies of bids
- REQUIRED organization financial statements

### Required organization financial statements:

• The most recent balance sheet and profit/loss statement

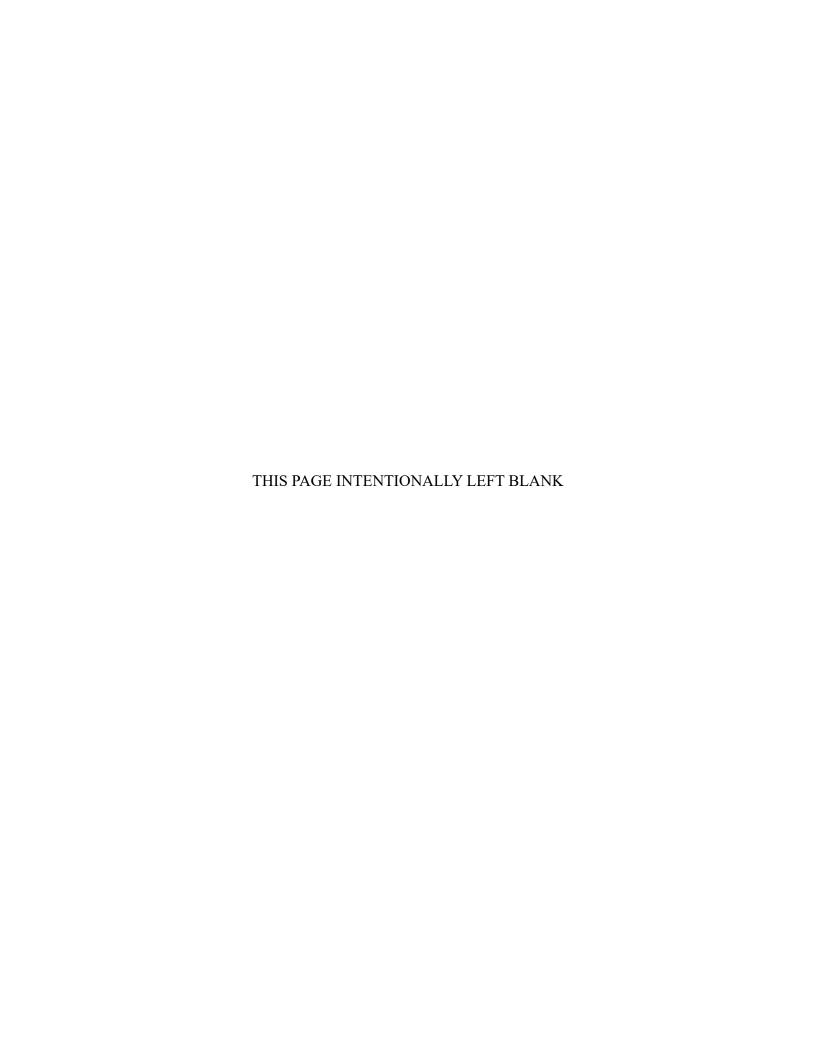
The *Statement of Financial Position* (sometimes called the balance sheet) is a financial statement that reports the assets, liabilities, and equity of the organization on a given date. The *Statement of Activities* (sometimes called the income statement, the profit and loss statement, or the income and expenses statement) summarizes the revenues, costs, and expenses incurred by the organization during a specific period of time.

If your organization does not have any of the above, please contact South Ottumwa Savings Bank for next steps.

(Governmental applicants should use department budget.)

# **Questions? Please contact:**

Samantha Ulin South Ottumwa Savings Bank Trust Department (641) 683-6556 samantha@sosb-ia.com



| Organization N   | ame (required)       | <i>I)</i>                |                    |                   |  |  |  |  |
|--|----------------------|--------------------------|--------------------|-------------------|--|--|--|--|
|  |                      |                          |                    |                   |  |  |  |  |
| Tax ID (required)  |                      |                          | Phone (required)   |                   |  |  |  |  |
| Mailing Address  | SS (required)        |                          |                    |                   |  |  |  |  |
| City   |                      |                          | State              | Zip / Postal Code |  |  |  |  |
| Website  |                      |                          |                    |                   |  |  |  |  |
| Additional I   | tems <i>(requi</i> i | red):                    |                    |                   |  |  |  |  |
| IRS Nonprofit  | Letter               | Bids for Pr              | roject             | Project Budget    |  |  |  |  |
| Endorsements Financial Statements                              |                      |                          |                    |                   |  |  |  |  |
| Primary Contact:   |                      |                          |                    |                   |  |  |  |  |
| Organization Pr  | rimary Cont          | tact (required)          |                    |                   |  |  |  |  |
|  |                      |                          |                    |                   |  |  |  |  |
| This is the Executi  | ive Director, B      | Board Chairperson, or C  | Organization Pres  | ident             |  |  |  |  |
| Organizational   | Role (required       | d)                       |                    |                   |  |  |  |  |
| Phone (required)   |                      |                          |                    |                   |  |  |  |  |
| Email (required)   |                      |                          |                    |                   |  |  |  |  |
| Submission Information:  Application Contact's Name (required) |                      |                          |                    |                   |  |  |  |  |
|  |                      |                          |                    |                   |  |  |  |  |
| Who should we co   | ntact with que       | estions regarding this s | pecific applicatio | n?                |  |  |  |  |
| Organizational   | Role (required       | d)                       |                    |                   |  |  |  |  |
| Phone (required)   |                      |                          |                    |                   |  |  |  |  |
| Email (required)   |                      |                          |                    |                   |  |  |  |  |

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## **Proposal Summary:**

| Proposal Title (required)  |  |  |  |  |  |
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|  |  |  |  |  |  |
| Proposal Summary Statement <i>(required)</i> Please provide a 2-3 sentence summary of the project. (This may be used in publications such as the Community Foundation website, Annual Report, and other print or online publications.) |  |  |  |  |  |
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| Total Project Budget Inclusive of all funding? (required) Please enter a dollar amount   |  |  |  |  |  |
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| What is the amount of funding already committed to the program/project? (required) Please enter a dollar amount  |  |  |  |  |  |
|  |  |  |  |  |  |
| Amount requested from the Wapello County Foundation? (required) Please enter a dollar amount   |  |  |  |  |  |
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## **Program/Project Proposal Details:**

| Short summary description of the project. (required)        |  |  |  |  |  |  |
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| Reason for the project? (required)                          |  |  |  |  |  |  |
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| Outline the relevant timelines for this project. (required) |  |  |  |  |  |  |
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| Provide a profile or a story of the people who will be helped? (required)  Is this a capital project? (required)  What other support is being provided to this program/project? (required) | How will this program/project impact the community? (required)            |
|--|---|
| Is this a capital project? (required)  |   |
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|  | Provide a profile or a story of the people who will be helped? (required) |
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|  | Is this a canital project? (vacuired)                                     |
| What other support is being provided to this program/project? (required)   | is this a capital project. (required)                                     |
| What other support is being provided to this program/project? (required)   |   |
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| Additional Information: |  |  |  |  |  |  |  |
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