

## **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

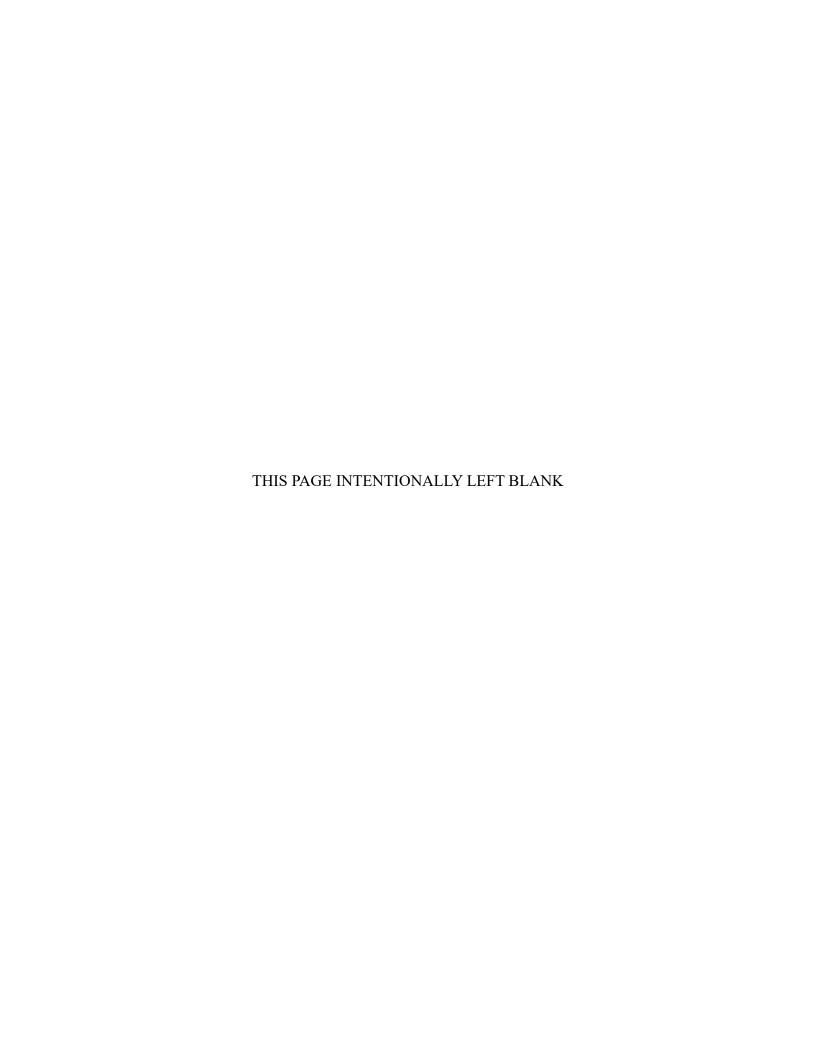
The *Statement of Financial Position* (sometimes called the balance sheet) is a financial statement that reports the assets, liabilities, and equity of the organization on a given date. The *Statement of Activities* (sometimes called the income statement, the profit and loss statement, or the income 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)						
Tax ID (required)	Fax ID (required) Phone (required)						
Mailing Addres	SS (required)						
City			State		Zip / Postal Code		
Website							
Additional I	tems (required):	:					
IRS Nonprofit	Letter:	Bids for Pr	oject:		Project Budget:		
Endorsements:	F	Financial Staten	nents:				
Primary Co	ntact:						
Organization P	rimary Contact	(required)					
This is the Execut	ive Director, Board	Chairperson, or C	)rganizati	on Presid	dent		
Organizational							
Phone (required)							
Email (required)							
Submission	Information:						
	ontact's Name (re						
Application Co	ontact's Ivaine (re	equirea)					
Who should we co	ontact with question	ns regarding this sp	pecific ap	plication	?		
Organizational	Role (required)						
Phone (required)							
Email (required)							

## **Proposal Summary:**

Proposal Title (required)
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.)
Total Project Budget Inclusive of all funding? (required) Please enter a dollar amount
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

## **Program/Project Proposal Details:**

Short summary description of the project. (required)						

R	Reason for the project? (required)	

Outline the re	elevant timeline	s for this proje	ct. (required)		
ow will this	program/proje	ct impact the c	ommunity? (reg	quired)	

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)						

Additional Information: