

**VINTON COMMUNITY FOUNDATION**

**P.O. BOX 112  
VINTON, IA 52349**

**LOCAL OPTION SALES TAX (LOST)  
GRANT APPLICATION  
Non-Profit Organization Application**

Please complete this form and return to: VINTON COMMUNITY FOUNDATION  
P.O. BOX 112  
VINTON, IA 52349

DATE OF APPLICATION \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT NAME AND PHONE NUMBER \_\_\_\_\_

AMOUNT REQUESTING (LIMIT OF \$2,000 PER ORGANIZATION): \_\_\_\_\_

WILL YOUR FUNDING REQUEST BE DISBURSED BY THE **CITY OF VINTON?** Y / N

WILL YOUR FUNDING REQUEST BE DISBURSED BY **VINTON SHELLSBURG  
COMMUNITY SCHOOLS?** Y / N

*IF 'YES' TO EITHER QUESTION, NO CHARITABLE DOCUMENTATION IS REQUIRED*

IF "NO" TO THE ABOVE TWO QUESTIONS, THEN ATTACH A COPY OF IRS DETERMINATION  
LETTER (NOTIFICATION OF 501(c)(3) TAX-EXEMPT STATUS) TO DOCUMENT CHARITABLE  
ORGANIZATION STATUS OF YOUR ORGANIZATION

**PURPOSE OF ORGANIZATION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON OF REQUEST (BE SPECIFIC – LIST ALL ITEMS AND ESTIMATED COST):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF VINTON RESIDENTS SERVED: \_\_\_\_\_

ATTACH COPY OF ORGANIZATION'S MOST RECENT FINANCIAL STATEMENT

ATTACH COPY OF PROJECT BUDGET

**REPORTS REQUIRED – PLEASE PROVIDE A BREAKDOWN OF HOW THE PREVIOUS YEARS FUNDING WAS SPENT (BE SPECIFIC – LIST ALL ITEMS AND ACTUAL COST). GRANT FUNDS AWARDED MUST BE REQUESTED AND MUST BE USED IN THE CALENDAR YEAR APPROVED FOR THE PURPOSE SUBMITTED IN THE ORGANIZATION APPLICATION. IF COMPLETION IS NOT POSSIBLE, CONTACT JESSICA HELMS AT 319-472-2373 TO SEEK AN EXTENSION TO PROJECT COMPLETION, SUBJECT TO BOARD APPROVAL. IF THERE IS NO REQUEST FOR THE APPROVED GRANT FUNDING OR NO WRITTEN REQUEST FOR A TIME EXTENSION TO COMPLETE THE PROJECT, POSTMARKED BEFORE DECEMBER 31, 2024, THE APPROVED GRANT MAY BE RESCINDED.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOES YOUR ORGANIZATION ALREADY RECEIVED FUNDING FROM THE CITY OF VINTON?**  
YES NO

**FUNDING SOURCES AND AMOUNTS (Please list other funding sources and amounts besides this application):**

Source	Amount	Source	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contact Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

PLEASE DIRECT ANY QUESTIONS TO **FSB&T-VINTON 319-472-2373**  
**DARLYS HULME, PRESIDENT**  
**JESSICA HELMS, ASSISTANT TRUST OFFICER**

**APPLICATION DEADLINE 5:00 PM - APRIL 30, 2024**  
**PLEASE MAKE 6 COPIES OF GRANT REQUEST**

**RANKING CRITERIA:** The applications will be ranked according to the following:

- a. Based in Vinton and serve Vinton residents
  - b. Number of residents served
  - c. Availability and amount of other sources of revenue
  - d. Purpose of organization: provide human and/or cultural services that are essential or enriching to the health and well-being of the citizens of Vinton.
  - e. Whether the organization receives funding already from the City of Vinton (while this will not exclude an organization, it will lower its ranking of priority).
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**NON-ALLOWABLE USES:** Funds provided through the LOST to non-profits cannot be spent on:

- a. Food & Drink
  - b. Trips
  - c. Gambling
  - d. Normal operational expenditures of the Non-profit
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**FUNDING LIMIT:** Each organization may request up to \$2,000.00

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**REPORTS REQUIRED:** A final report from the non-profit receiving the money, including a breakdown of how the money was spent. The report will be filed with the Vinton Community Foundation which will file a copy of the report with the City of Vinton. Please file this report with the Vinton Community Foundation, 401 B Avenue, Vinton, IA 52349 as soon as possible or before December 31<sup>st</sup>, 2024.

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