## 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 <b>CITY OF VINTON</b> ? Y/WILL YOUR FUNDING REQUEST BE DISBURSED BY <b>VINTON SHELLSE COMMUNITY SCHOOLS</b> ? Y/I	BURG				
IF "NO" TO THE ABOVE TWO QUESTIONS, THEN ATTACH A COPY OF IRS DETERMINA LETTER (NOTIFICATION OF 501(c)(3) TAX-EXEMPT STATUS) TO DOCUMENT CHARITA ORGANIZATION STATUS OF YOUR ORGANIZATION					
PURPOSE OF ORGANIZATION:					
REASON OF REQUEST (BE SPECIFIC – LIST ALL ITEMS AND ESTIMATED COST):					

NUMBER OF VINTON RI	ESIDENTS SERVE	CD:			
ATTACH COPY OF ORG	ANIZATION'S MO	OST RECENT FINAN	CIAL STATE	MENT	
ATTACH COPY OF PRO	JECT BUDGET				
REPORTS REQUIRED - FUNDING WAS SPENT ( AWARDED MUST BE RI FOR THE PURPOSE SUB POSSIBLE, CONTACT JE COMPLETION, SUBJECT GRANT FUNDING OR N PROJECT, POSTMARKI	(BE SPECIFIC – 1 EQUESTED AND MITTED IN THE ESSICA HELMS A TO BOARD APPRO TO WRITTEN RE	LIST ALL ITEMS AN MUST BE USED IN ORGANIZATION AP AT 319-472-2373 TO OVAL. IF THERE IS QUEST FOR A TIM	ND ACTUAL THE CALEN PPLICATION. SEEK AN E NO REQUES E EXTENSIO	COST). GRANT  NDAR YEAR APP  IF COMPLETION  XTENSION TO P  ST FOR THE APP  ON TO COMPLE	FUNDS PROVED PROVED TE THE
RESCINDED.	ED BEFORE DE	<u>CEMBER 31, 2025, </u>	THE APPRO	OVED GRANI N	IAY BE
DOES YOUR ORGANIZA YES NO	TION ALREADY	RECEIVED FUNDIN	G FROM THE	E CITY OF VINTO	ON?
FUNDING SOURCES AND application):	D AMOUNTS (Plea	se list other funding so	ources and am	ounts besides this	
Source	Amount	Source		Amount	
Contact Signature:		I	Date Signed: _		

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

APPLICATION DEADLINE 4:30 PM - APRIL 30, 2025 PLEASE MAKE  $\underline{6}$  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).

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

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>, 2025.