

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: _____

PREFERRED TIMING FOR GRANT PAYMENT: _____

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REQUEST FOR A TIME EXTENSION TO COMPLETE THE PROJECT, POSTMARKED BEFORE DECEMBER 31, 2026, THE APPROVED GRANT MAY BE RESCINDED.**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, TRUST OFFICER

APPLICATION DEADLINE 4:30 PM - APRIL 30, 2026
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).

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

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 31st, 2026.
