

**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): \_\_\_\_\_

**LOCAL OPTION SALES TAX REVENUE (LOST) NON-PROFIT REQUIREMENTS:**

**MUST PROVIDE A COPY OF DETERMINATION LETTER (VERIFICATION AND 501 (C) (3) TAX-EXEMPT STATUS) AND A COPY OF ARTICLES OF INCORPORATION**

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

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

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

**REPORTS REQUIRED – PLEASE PROVIDE A BREAKDOWN OF HOW THE PREVIOUS YEARS FUNDING WAS SPENT (BE SPECIFIC – LIST ALL ITEMS AND ACTUAL COST) CANNOT BE USED FOR OTHER PURPOSES THAN WHAT WAS REQUESTED:** \_\_\_\_\_

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**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):**

<b>Source</b>	<b>Amount</b>	<b>Source</b>	<b>Amount</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

PLEASE DIRECT ANY QUESTIONS TO **FSB&T-VINTON 319-472-2373**  
**DARLYS HULME, PRESIDENT**  
**THERESE FOTH, VICE PRESIDENT**  
**JON CLINGMAN, CHAIRMAN, 319-472-4731**

**APPLICATION DEADLINE 4:00 PM - APRIL 27, 2018**  
**PLEASE MAKE 8 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.

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**Local Option Sales Tax Revenue  
Non-Profit Organization Application Policy**

1. **Preamble:** Beginning in FY 2010 (June 2010), the City of Vinton will be transferring the five percent of Local Option Sales Tax (LOST) funds dedicated to non-profit organizations in Vinton, to the Vinton Community Foundation for distribution. It will be agreed upon between the City of Vinton and the Vinton Community Foundation that the distribution of the funds will be based on policy guidelines established in this document.
2. **Purpose:** To set the policy and procedure for the distribution of Local Option Sales Tax revenue, that is designed for non-profit organization that are based in Vinton and serve the residents of Vinton.
3. **Definition of Non-profit Organization:** A non-profit organization for this purpose is an organization which is designated under 501.c.3 of the Internal Revenue Service as this type of organization. An organization must provide proof (an IRS statement of organization) that it is so designated. The organization must be based in Vinton serving Vinton residents.
4. **Application:** Applications will be submitted on forms provided by the Foundation. Review of the applications for funding will be done by the Foundation.
5. **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.)
6. **Non-allowable Uses:** The moneys provided through the LOST to non-profits cannot be spend on:
  - a. Food and drink
  - b. Trips
  - c. Gambling
  - d. Normal operational expenditures of the Non-profit
7. **Funding Limit:** Each organization may request up to \$2,000 each.
8. **Reports Required:**
  - a. An annual distribution report from the Foundation to the City of Vinton.
  - b. 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 Foundation which will file a copy with the City of Vinton.

**LOCAL OPTION SALES TAX (LOST)  
Non-Profit Organization Final Report  
For Grant Funds Distributed July/August, 2018**

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

DATE OF REPORT \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

AMOUNT RECEIVED FROM LOST FUND: \_\_\_\_\_

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

**REPORTS REQUIRED – PLEASE PROVIDE A BREAKDOWN OF HOW THE FUNDING WAS SPENT (BE SPECIFIC – LIST ALL ITEMS AND ACTUAL COST) CANNOT BE USED FOR PURPOSES OTHER THAN WHAT WAS REQUESTED:** \_\_\_\_\_

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**Non-allowable Uses:** The money provided through the LOST to non-profits cannot be spend on:

1. Food and drink
2. Trips
3. Gambling
4. Normal operational expenditures of the Non-profit

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

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

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

If more room required attach extra sheets.