

# 2021 Fall Grant

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## *Otto Schoitz Foundation*

### *Overview*

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To be considered for funding in this cycle, your complete application is due no later than **August 20, 2021**. Awards are expected to be announced by the end of **November**. Please note, the Foundation awards *reimbursable* grants, i.e. the Foundation reimburses (as often as necessary) for costs incurred after the award date and up to the total amount specified in the award.

#### New Feature: **Collaborator**

The Collaborator feature allows applicants to work together on a single request. Once you have started a request you will see the Collaborate button at the top of the page. This can be used to invite other people to work on this request.

To do so, from the Collaborate pop up, 1) enter the email address of the person you would like to invite, 2) set the permission you would like the collaborator to have, and 3) include a message and select Invite.

For a quick video tutorial, [click here](#).

Please note: Several questions have been pre-populated with your original LOI response. Please provide any update, if necessary.

#### **Project Title\***

*Character Limit: 100*

#### **Guiding Principles\***

Please indicate if you have read and understand the Otto Schoitz Foundation's Guiding Principles and Approach. The Guiding Principles and Approach will give you deeper insight into the type of projects the Foundation is interested in funding. Preference is towards:

- projects changing individuals and communities
- meeting the needs of the vulnerable
- addressing root or primary causes
- ideas with evidence of success and impact
- impacting Waterloo, because of the greater needs
- demonstrating a shared funding approach

#### **Choices**

Yes

No

## *Organizational Information*

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### **Q1 - Organizational Purpose\***

Describe the purpose of your organization.

*Character Limit: 1500*

### **Q2 - Organizational Structure**

Please identify your organizational structure.

#### **Choices**

501c3 as designated by the IRS

Governmental entity, such as municipality (or department thereof) or school district

### **Q2a - Governmental Unit Support**

If your organization is a governmental unit (such as municipality or school district) **OR** the proposed project involves a governmental entity, please provide evidence of approval & support by the appropriate administrative body. As examples:

- If a municipality, a copy of the city council resolution approving the project is appropriate.
- If a school district, a letter from the district's superintendent indicating support of the project as a high priority initiative within the district should be submitted.

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### **Q2b - Board Roster\***

Please provide a board roster, including:

- board member's name, contact information, professional affiliation and other information describing the member's affinity to your organization.
- identify the percentage of the board who fall within each of the following minority groups: racial/ethnic minority, disability, or other (please name).

*File Size Limit: 2 MB*

### **Q2c - Financial Statements Board Oversight\***

Please provide the organization's most recent independent financial audit report.

If your organization does not have an independent audit, provide the internally prepared financial reports for the most recent financial year end, including **BOTH** the balance sheet and income statement. For more understanding, see [here](#).

Additionally, in the text below,

1) Explain the board oversight concerning the organization's financial status. At a minimum explain what information the board receives and how often the board reviews the info to carry

out their fiduciary financial responsibilities.

2) Summarize your organization's revenue by percentage received from a) taxbase/government sources, b) fee-based/membership sources, c) funds raised from individual, corporate and/or foundation grants and/or d) other.

For supporting organizations, please provide all responsive information for both supporting and supported organizations, i.e. your entire organization.

*Character Limit: 1000 | File Size Limit: 10 MB*

### **Assurance of No Competition - Background**

The Otto Schoitz Foundation was established in 2016 with an investment resulting from the transfer of hospitals/health facilities from Wheaton Franciscan Sisters to MercyOne (formerly known as Mercy Health Network). As part of the transfer, MercyOne committed to continue operating the existing hospitals/health facilities in substantially the same manner as before the transfer. Correspondingly, the Foundation's predecessors agreed to avoid using the investment in a manner that competed with MercyOne. As a result, the Foundation is particularly attentive to, and cautious of, grant applications that are affiliated with organizations that may compete with MercyOne, **including (but not limited to) all UnityPoint entities & affiliates**. The Foundation is not opposed to the mission or people of these organizations in any way; rather, the Foundation is focused on remaining faithful to the legal requirements & the spirit of the transfer agreement.

### **Q3 - Competitive Organization\***

This restriction on competition applies to the grant funds absolutely. The restriction on competition applies to fiscal agents and fiscal sponsors and their associates even if, for example, the fiscal agent or sponsor does not necessarily directly compete against MercyOne or its affiliates. Grants will not be awarded for projects determined by the Otto Schoitz Foundation, in its sole discretion, to compete, or to appear to compete, with MercyOne or its affiliates.

**Are you an organization or affiliated with an organization that competes with MercyOne or its affiliates OR does the proposed project invoke competition with these entities in any way? If so, answer Yes and do not complete this application.**

#### **Choices**

Yes

No

### **Q3a - Fiscal agent, Fiscal Sponsor\***

Are you using a fiscal agent/fiscal sponsor?

#### **Choices**

Yes

No

## *Project Information*

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### **Q4 - Community Need Being Addressed\***

Please describe the community need/issue being addressed by the proposed Project, including any supporting data you may have.

*Character Limit: 1500*

### **Q5 - Project Description\***

Thoroughly describe the Project.

*Character Limit: 2000*

### **Q6 - Summarize Project Description\***

Provide a concise summary of Project Description response.

*Character Limit: 250*

### **Q6a - Focus Area\***

Please indicate the Project's focus area:

#### **Choices**

Community Betterment  
Education & Development  
Environmental Improvement  
Health  
Human Services  
Recreation & Physical Fitness

### **Q6b - Reference URL**

If you choose to reference a website location in your application, please indicate the URL address here so that our grant evaluators can easily access.

*Character Limit: 2000*

**Q6c - Project Start and End Dates.** The Foundation funds proposals which commence **AFTER** the respective award announcement. Fall awards are announced the end of November; Spring awards are announced the end of May. We reimburse grantees for expenses incurred **AFTER the award date** and prefer to disburse all grant awards within 12 months. Grantees may submit reimbursement requests up to the amount of the award as often as necessary.

**If awarded**, progress updates may be provided throughout this timeframe with a required final report due 30 days after the Project End Date.

Please take this into consideration as you identify the project start and end date.

### **Project Start Date\***

*Character Limit: 10*

### **Project End Date\***

*Character Limit: 10*

## Q7 - Type of Request\*

To assist in making the choice for type of request, we use the following as general definitions for each category

- *Capacity building* – funds for initiatives that improve the grant-seeker’s effectiveness, in terms of organizational and financial stability, program quality, and growth – such as professional development for the grant-seeker’s staff/board members or opportunities for peer learning, networking or leadership development.
- *Capital* – funds to acquire assets such as land, building and/or equipment; renovations and/or construction projects.
- *Operating* – funds to support the organization’s overall activities and mission, including administrative expenses and overhead.
- *Programmatic* – funds for specific project or activity tied to project-based outcomes; typically involves services that directly touch the grant-seeker’s clients.

### Choices

Capacity Building

Capital

Operating Support

Programmatic Support

## Q8 - Project goals and/or expected outcomes\*

Please describe the Project's top goals and/or expected outcomes. What results do you expect to achieve?

Include a description of how the goals and/or outcomes will be measured on a go-forward basis.

Additionally, if this Project is pre-existing, explain how you have historically performed against expected goals/outcomes.

*Character Limit: 2000*

## Q9 - Targeted population\*

Describe the targeted population this Project is intended to impact.

Include in your narrative the diversity of those this work will serve (i.e. race, ethnicity, gender, socio-economic status, etc.).

Please be as specific as possible.

*Character Limit: 1000*

## Q9a - Targeted Population - Community\*

Please identify the primary community *expected to be served* by the grant. The Waterloo community is defined by the applicable zip codes.

### Choices

Waterloo community (>90%)

Predominantly Waterloo community (>50%); some other communities

Some Waterloo community (<50%); predominantly other communities  
Other communities (>90%)

### Q9b - Youth\*

Indicate number of youth expected to be served.

*Character Limit: 10*

### Q9c - Adults\*

Indicate number of adults expected to be served.

*Character Limit: 10*

### Q9d - Seniors\*

Indicate number of seniors expected to be served.

*Character Limit: 10*

## *Project Budget*

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### Q10 - Project Budget\*

Please indicate the proposed project budget.

*Character Limit: 20*

### Q10a - Project Budget Upload\*

Please upload a detailed listing of the Project Budget, including both **revenue sources and cost categories**. For revenue sources, please detail all shared funding indicating if the funding is secured or pending.

Also, clearly identify how funds requested from Otto Schoitz Foundation would be utilized. If it's helpful, a template is found here.

*File Size Limit: 4 MB*

### Q10b - Shared Funding of Organization's Mission\*

In the Project Budget Upload (Q10a) you have already identified shared funding for this specific proposal. If the Project represents only a portion of your organization's mission, please elaborate on other sources of funds secured in the recent past to highlight shared funding support of your overall mission/organization.

*Character Limit: 750*

### Q11 - OSF Requested funds\*

Please indicate the total dollar amount you are requesting from the Otto Schoitz Foundation.

*Character Limit: 20*

### Q11a - Partial Funding\*

If the Otto Schoitz Foundation were to award less than your full request, please describe how the Project would and/or would not proceed.

*Character Limit: 500*

## *Fiscal Agent or Fiscal Sponsor*

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### Q12 Fiscal Agent or Fiscal Sponsor Agreement\*

Please upload a letter/agreement signed by the Executive Director/CEO of the fiscal sponsor/agent indicating they:

- are your fiscal sponsor/agent, and
- agree to the use of their 501(c)(3) status and tax identification number for this application.

You may provide any clarifying information below.

*Character Limit: 500 | File Size Limit: 5 MB*

## *Electronic Signature*

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Please note: by entering your information and selecting "I agree", you are:

1. Certifying, to the best of your knowledge, all information included in this Application is complete and accurate;
2. Representing that you are an officer or other agent of the applicant authorized to enter into legally binding agreements on behalf of the applicant;
3. Accepting responsibility for the project, including completion of required reports, if a grant is awarded;
4. And agreeing that your insertion of information in the following fields constitutes an electronic signature.

### Confirmation\*

#### Choices

I agree

### Name and Title of Individual Submitting Application\*

*Character Limit: 100*

Once complete, you must submit the Application; you will receive an automated email stating the Application has been successfully submitted.

**IMPORTANT:** The Otto Schoitz Foundation utilizes an online grants management system to generate email communication from the email address [administrator@grantinterface.com](mailto:administrator@grantinterface.com). As this communication is important to your application, please ensure this address is not blocked or filtered by your email service. Further, do not send correspondence to this email address; it is not established to receive incoming messages.

**Stay connected:** Sign up here for our newsletter and receive reminders of key application dates directly to your email.