

2019 Fall Competitive Grant

Otto Schoitz Foundation

Overview

To be considered for funding in this cycle, your complete application is due no later than **August 26, 2019**. Awards are expected to be announced by the end of **November**.

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

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. For example, 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.

File Size Limit: 2 MB

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.
- demographics (for example, ethnicity/race/gender or other pertinent demographics)

File Size Limit: 2 MB

Q2c - Financial Statements*

Please provide the organization's most recent audited or reviewed financial statements (including the independent auditor's opinion). If your organization does not have an independent audit or review, please explain in the text area and upload the financial statements representing your most recent 12 month period.

Character Limit: 250 | 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 Wheaton-IA hospitals/health facilities from Wheaton Franciscan Sisters to Mercy Health Network (MHN). As part of the transfer, MHN committed to continue operating the existing Wheaton 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 MHN hospitals/health facilities. As a result, the Foundation is particularly attentive to, and cautious of, grant applications that are affiliated with organizations that may compete with MHN, **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 Wheaton Franciscan Healthcare and/or Mercy Health Network, or their 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 Wheaton Franciscan Healthcare and/or Mercy Health Network, or their affiliates.

Are you an organization or affiliated with an organization that competes with Wheaton Franciscan Healthcare and/or Mercy Health Network and their 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

Project Information

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

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: 1000

Q5 - Project Description*

Describe the Project, addressing how funding will improve the health and wellbeing of the community.

Character Limit: 1500

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 prefers projects 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, you will be asked for a progress update 90 days after the Project Start Date and a final report 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?

Character Limit: 1000

Q8a - Goal and/or Outcome Measurement*

Please describe how the top Project goals and/or outcomes will be measured on a go-forward basis.

In addition, if this Project is pre-existing, how have you historically performed against expected goals/outcomes? Please provide specifics as to past results.

Character Limit: 1250

Q9 - Targeted population*

Describe the targeted population this Project is intended to impact. The Foundation prefers projects that meet the needs of the community's vulnerable.

Character Limit: 500

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

Please note: The Project Budget and OSF Requested Funds questions are pre-populated with your original LOI response. If an update is necessary, please contact us to discuss.

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. You may provide an introductory text explanation as well.

Character Limit: 250 | File Size Limit: 4 MB

Q11 - OSF Requested funds

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

Character Limit: 20

Q12 - Use of Funds*

Please describe how the funds you are requesting will be used.

Character Limit: 250

Q12a - 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: 250

Q12b - Shared Funding*

Please list all other sources you are requesting funding from, the amount you are requesting and if funding has been approved. Please include general fundraising activity and in-kind services information. Please note: the Otto Schoitz Foundation prefers projects that demonstrate a shared funding approach.

Character Limit: 750

Q12c - Sustainability*

We recognize that fundraising is an ongoing priority. Other than annual fundraising, please describe the strategy for sustaining the Project's positive impact within our community.

Character Limit: 750

Electronic Signature

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 the online grants management system to generate email communication from the email address 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.