

# Spring Competitive Grant - 2019

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*Otto Schoitz Foundation*

## *Overview Spring 2019 Grant Cycle*

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Thank you for your interest in applying for funding from the Otto Schoitz Foundation. As you know, the Otto Schoitz Foundation desires to improve the health and wellbeing of the Cedar Valley. Your request should demonstrate how funds would help achieve this goal. The first step in the application process is to complete and submit the Letter of Inquiry (LOI), which is the form that follows below, no later than **January 11, 2019**.

### **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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### **Organizational Purpose\***

Briefly describe the purpose of your organization.

*Character Limit: 1500*

### **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

## Competitive Organization\*

Are you an organization or affiliated with an organization that competes with Wheaton Franciscan Healthcare and/or Mercy Health Network or any of their affiliates? If so, answer Yes and do not complete this application. 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.

### Choices

Yes

No

## Project Information

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### Project Title\*

*Character Limit: 100*

### 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 long-term assets such as land, building and/or major equipment; major 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

### Community Need Being Addressed\*

Please describe the community need/issue being addressed by the proposed project

*Character Limit: 1000*

### **Project Description\***

Briefly describe the project.

*Character Limit: 1500*

### **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*

### **Targeted population\***

Describe the targeted population this project is intended to impact.

*Character Limit: 500*

## *Financial Information*

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### **Project Budget\***

Please indicate the proposed project budget

*Character Limit: 20*

### **OSF Requested funds\***

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

*Character Limit: 20*

### **Use of Funds\***

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

*Character Limit: 250*

## *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 Letter of Inquiry is complete and accurate;
2. And agreeing that your insertion of information in the following fields constitutes an electronic signature.

**Confirmation\*****Choices**

I agree

**Date\***

*Character Limit: 10*

**Name of Individual Submitting LOI\***

*Character Limit: 50*

**Title of Individual Submitting LOI\***

*Character Limit: 50*

Once complete, you must submit the LOI; you will receive an automated email stating the LOI 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](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.