

# 2024 Fall Grant

---

*Otto Schoitz Foundation*

## *Overview*

---

To be considered for funding in this cycle, your complete application is due no later than **August 18, 2024**. Awards are expected to be announced by the end of **November**.

### **Collaborator Feature**

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.

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

### **Project Name\***

*Character Limit: 100*

### **Guiding Principles\***

Please indicate if you have read and understand 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. Otto Schoitz Foundation favors projects generating significant benefit or addressing serious need in the Cedar Valley community and that:

- improve residents' quality of life
- better the Cedar Valley community
- meet the needs of the vulnerable
- create equitable opportunities, particularly as it relates to racial/ethnic equity
- address root or primary causes
- show evidence of success and impact
- impact Waterloo, because of the greater needs
- share funding with others

### **Choices**

Yes

No

## Organizational Information

---

### Q1 - Mission Statement/Organizational Purpose\*

Enter your Mission Statement or describe your organization's purpose. For your convenience, your Mission Statement can be copied directly from a Candid profile.

*Character Limit: 500*

### 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.

*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.
- 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:

- the balance sheet (also referred to as a statement of financial position), **AND**
- the income statement (also referred to as a statement of financial activity).

For more understanding, see here. (If you need assistance combining documents into one file, email us at [info@ottoschoitzfoundation.org](mailto:info@ottoschoitzfoundation.org).)

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: 25 MB*

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

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 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*

---

### **Q4 - Supporting Evidence\***

What is the data, evidence or research that supports the work of your Project? For example, if your Project is meeting or filling a need, what data best describes the current state of need in the community? If your Project proposes a quality of life improvement or community betterment, what research is available to back your expected outcomes?

*Character Limit: 2000*

### **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 Livability  
Education & Development  
Employment & Income  
Health  
Housing  
Human Services  
Places & Spaces

### **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.** Fall awards are announced the end of November; Spring awards are announced the end of May. **If awarded, expenses incurred AFTER the award announcement are considered eligible grant expenses.**

### **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 - Who Benefits\*

Describe the individuals this Project is intended to impact.

Include in your narrative the diversity of those who will benefit (i.e. race, ethnicity, gender, socio-economic status, etc.) and how the Project creates or increases equitable opportunities for them.

Please be as specific as possible.

*Character Limit: 1000*

## Q9a - Targeted 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 - Numbers Served

Indicate the number of individuals expected to be served.

	Number Expected to be Served
Youth	
Adults	
Seniors	
Totals	

## Project Budget

### 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 identified, pending or secured.

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 Resourcing of Organization's Mission\*

In the Project Budget Upload (Q10a) you have already identified shared funding for this specific proposal.

a) 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.

b) If applicable, provide information on existing collaborations currently in place that effectively extend your organization's impact. Include the name of the collaborative partners, provide a brief summary of how you work together, and comment on pooled resources.

*Character Limit: 1000*

## Q11 - OSF Requested funds

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

If an update is requested from your LOI, please reach out to us to discuss.

*Character Limit: 20*

## Q11a - Partial Funding\*

If 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*

---

### 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*

---

### Additional Information\*

Otto Schoitz Foundation views the grant relationship as a partnership. In that spirit, is there any additional information about your organization that the Foundation should be aware of as we consider your application, including but not limited to pending litigation?

If yes, please provide a brief explanation.

*Character Limit: 1000*

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. Permitting the Foundation to include information pertaining to the project in a press release, if a grant is awarded;
5. 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.