

Endow Iowa Tax Credit Application Instructions

On the following page, complete the appropriate column as indicated below, then **print, sign,**
and **return via mail** to:

Omaha Community Foundation
Attn: Stacey Goodman
101 S 101st Street, Suite 320
Omaha, NE 68124

For gifts from Individuals:

Please complete the left-hand column titled *Donor Individual(s) Information*.

For gifts from Corporate Entities:

Please complete the center column titled *Donor Company Information*.

The Community Foundation staff will complete all *Donation, Fund, and Foundation Information* upon receipt of your contribution and its placement into the permanent endowment fund. Finalized applications will then be submitted into IowaGrants.gov by Community Foundation staff for further processing by the Iowa Economic Development Authority.

Questions?

Contact Stacey Goodman (stacey@omahafoundation.org) or Tess Houser (tess@omahafoundation.org) at 800-794-3458.

Endow Iowa Tax Credit Application

Eligibility Requirements

To be eligible for an Endow Iowa Tax Credit, a gift must be:

1. Made to an Endow Iowa Qualified Community Foundation or to a Community Affiliate Organization that is affiliated with an Endow Iowa Qualified Foundation.
2. Placed in a permanent Endowment Fund of the qualifying organization. Such funds are intended to exist in perpetuity, and the spend rate from the fund may not exceed 5% annually.
3. Placed in a permanent Endowment Fund that is for the benefit of a charitable cause or causes in the State of Iowa.

Donor Individual(s) Information	Donor Company Information	Donation, Fund, and Foundation Information
☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. Donor 1 Salutation Donor 1 Name Donor 1 Social Security Number Donor 1 Email Address ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. Donor 2 Salutation (if applicable) Donor 2 Name (if applicable) Donor 2 Social Security Number Donor 2 Email Address Address City, State, Zip Telephone Number <i>I hereby certify that the facts and figures presented in this application are true and correct.</i> _____ Signature of Donor 1 _____ Signature of Donor 2 (if applicable) _____ Date	Company Name Company Federal ID Number Company Email Address Address City, State, Zip Telephone Number <i>I hereby certify that the facts and figures presented in this application are true and correct.</i> _____ Signature of Company Official _____ Date	Amount of the charitable gift: \$ Date the gift was made: Date the gift was placed in a permanent Endowment Fund: Name of the Permanent Endowment Fund in which the gift was placed: <i>(Attach a copy of the fund agreement with this application or a board resolution/affidavit certifying compliance with applicable Endow Iowa requirements.)</i> <u>Omaha Community Foundation</u> Community Foundation Name <u>Stacey Goodman</u> Community Foundation Contact <u>1120 S 101st Street, Suite 320</u> Address <u>Omaha, NE 68124</u> City, State, Zip <u>402-342-3458</u> Telephone Number <u>stacey@omahafoundation.org</u> E-mail Address If this gift was made to a Community Affiliate Organization, please provide the name of that Community Affiliate:
Community Foundation Certifications: I hereby certify: That the Foundation listed above is an Endow Iowa Qualified Community Foundation; that the donation listed above is being made to a Permanent Endowment Fund which meets the requirement of an annual spend rate of 5% or less, and which will be used for the benefit of a charitable cause or causes in Iowa; and, that the facts and figures presented in this application are true and correct. I agree to provide access to records relating to this application to the Iowa Economic Development Authority (IEDA), or IEDA's designee, at any time upon IEDA's request. _____ Signature of Foundation President/CEO (or designee) _____ Printed Name of Signer _____ Date		
Completed Applications should be mailed to: Omaha Community Foundation Attn: Stacey Goodman 1120 S 101st Street, Suite 320 Omaha, NE 68124		
(Finalized application should be entered into IowaGrants and the paper copy retained <u>by the Community Foundation</u>)		