

2019 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
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Donor 1 Salutation _____ Donor 1 Name _____ Donor 1 Social Security Number _____ Donor 1 Email Address <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> 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>Community Foundation of Greater Muscatine</u> Community Foundation Name <u>Charla D Schafer</u> Community Foundation Contact <u>208 West Second St., Suite 213</u> Address <u>Muscatine, IA 52761</u> City, State, Zip <u>563-264-3863</u> Telephone Number <u>cschafer@givinggreater.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)

Charla D. Schafer
 Printed Name of Signer

 Date

Completed Applications should be mailed to:

**Community Foundation of Greater Muscatine
 208 West Second St., Suite 213
 Muscatine, IA 52761**

(Finalized application should be entered into IowaGrants and the paper copy retained by the Community Foundation)