

2010 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.

***NOTE—Tab will toggle you through the document to enter into the fields.**

Donor Individual(s) Information	Donor Company Information	Donation, Fund, and Foundation Information
<p>_____ Donor 1 Name</p> <p>_____ Donor 1 Social Security Number</p> <p>_____ Donor 1 Email Address</p> <p>_____ Donor 2 Name (if applicable)</p> <p>_____ Donor 2 Social Security Number</p> <p>_____ Donor 2 Email Address</p> <p>_____ Address</p> <p>_____ City, State, Zip</p> <p>_____ Telephone Number</p> <p><i>I hereby certify that the facts and figures presented in this application are true and correct.</i></p> <p>_____ Signature of Donor 1</p> <p>_____ Signature of Donor 2 (if applicable)</p> <p>_____ Date</p>	<p>_____ Company Name</p> <p>_____ Company Federal ID Number</p> <p>_____ Company Email Address</p> <p>_____ Address</p> <p>_____ City, State, Zip</p> <p>_____ Telephone Number</p> <p><i>I hereby certify that the facts and figures presented in this application are true and correct.</i></p> <p>_____ Signature of Company Official</p> <p>_____ Date</p>	<p>Amount of the charitable gift: \$_____</p> <p>Date the gift was made: _____</p> <p>Date the gift was placed in a permanent Endowment Fund: _____</p> <p>Name of the Permanent Endowment Fund in which the gift was placed: _____</p> <p><i>(Attach a copy of the fund agreement with this application or a board resolution/affidavit certifying compliance with applicable Endow Iowa requirements.)</i></p> <p><u>Community Foundation of Greater Dubuque</u> Community Foundation Name</p> <p><u>Nancy Van Milligen</u> Community Foundation Contact</p> <p><u>700 Locust Street, Suite 195</u> Address</p> <p><u>Dubuque, IA 52001</u> City, State, Zip</p> <p><u>563-588-2700</u> Telephone Number</p> <p>If this gift was made to a Community Affiliate Organization, please provide the name of that Community Affiliate: _____</p>
<p>Community Foundation Certifications:</p> <p>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% of 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.</p> <p>I agree to provide access to records relating to this application to the Iowa Department of Economic Development (IDED), or IDED's designee, at any time upon IDED's request.</p> <p>_____ Signature of Foundation President/CEO (or designee)</p> <p><u>Nancy Van Milligen</u> Printed Name of Signer</p> <p>_____ Date</p>		
<p>Completed Applications should be mailed to:</p> <p>Community Foundation of Greater Dubuque 700 Locust Street, Suite 195 Dubuque, IA 52001</p>		
<p>(Finalized application should be mailed by the Community Foundation to IDED.)</p>		