

UW Valleys Otto Bremer Trust Community Responsive Fund - Applicant Eligibility Assessment

To be considered for an invitation to apply to the UW Valleys OBT Community Responsive Fund Grant, organizations must first complete the Applicant Eligibility Assessment during the open call period. The full application will be available by invitation only and will be offered to organizations following a review of their completed assessment.

To complete the assessment you will need to reference your organization's most current 990 form.

Process & Key Dates:

Step 1: Eligibility & Open Call

Applicant Eligibility & Grant Qualification Assessment Deadline: May 22, 2026 at 4:00PM (deadline extended!)

Note: A follow up meeting may be requested if additional information is needed.

Invitations to apply will be sent: Mid May 2026 until June 1

Step 2: Application Period (Invitation Only)

Application deadline: Monday, June 22, 2026 at 4:00PM

Step 3: Review Process

Internal review period: June – July 2026

Step 4: Recommendations & Approval

Recommendations submitted by UW Valleys to UW Wisconsin & OBT: July – August 2026

Final grant decisions communicated: Mid-September 2026

Step 5: Grant Period

Grant term begins: October 1, 2026

Funds released: Mid-October 2026

Step 6: Reporting & Closeout

Final grant report due: July 31, 2027

Grant term ends: September 30, 2027

UW Valleys Contact:

Megan Hausch

Director of Development

megan.hausch@uwvalleys.org

* Indicates required question

1. Email *

2. **Organization Name** *

3. **Organization's EIN** - Employer Identification Number. *

The organization must have a 501(c)(3) determination from the IRS. (Government entities, including public schools, are not eligible. Non-public schools are eligible.)

4. **Primary Contact, First and Last Name** *

5. **Primary Contact, Email Address** *

6. **Organization's Physical Address (Include Street, City, State, Zip)** *

About

7. **Website Link** *

8. **Mission Statement** *

9. **Organizational Overview: Briefly describe your organizations programs and/or direct services** *

10. **What year did your organization become a 501C3? The organization must have at least five years of successful operations during which they have continuously held 501(c)(3) status.** *

11. **Does your organization have an open OBT Strategic Grant? ***

Mark only one oval.

Yes

No

Unsure

12. **Please select all of the counties that your organization serves: (select all that apply) ***

Check all that apply.

Burnett

Dunn

Pepin

Pierce

Polk

St. Croix

Other: _____

13. **Do a majority of the people served by your organization live in the six county region (Burnett, Dunn, Pierce, Pepin, Polk, and/or St. Croix Counties)? If no, please explain in "Other". ***

Mark only one oval.

Yes

No

Other:

Focus Areas

The work must align with the OBT Community Responsive Fund focus areas for 2026: Food, Shelter, Low Income Healthcare Clinics, Disability Services, School Based Mental Health. Funds will be restricted to activities within the focus area. Up to 10% is permitted for administrative costs.

- **Food.** Organizations and programs that directly operate meal sites and food pantries to meet basic daily needs. *(Large, region- and state-wide food bank activities are **not** included.)*
- **Shelter.** Organizations and programs that provide short-term and emergency shelter beds for people who are housing insecure or facing homelessness. *(this focus area allows for providing hotel stays when shelters are full, as well as offering hotel accommodations in rural areas where a standalone emergency shelter does not exist.)*
- **Low-income healthcare clinics**.** Organizations and programs that primarily provide affordable medical, dental, and mental health services to people with limited financial resources or who are uninsured/underinsured. *Programs and services specifically targeted to low-income communities are eligible for consideration, even if they are delivered by a larger healthcare system whose primary focus is not exclusively low-income care. **Healthcare Entity (hospital, clinic, etc.) Disclaimer: The grant could be made to either the hospital or its related foundation. If the grant is made to the foundation, please list the foundation as the grantee, but input financial information for the hospital/clinic.*
- **Disability services.** Organizations and programs that support people with physical/cognitive disabilities.
- **School-based mental health.** Organizations and programs that have established school-based mental health services; provide clinical school-based mental health services (therapy or group therapy) provided by licensed mental health professionals. *(Colleges and Universities, Head Start, early learning, and similar programs are not eligible; pilot programs are not eligible).*

14. Please select the focus area (1) you're interested in applying in/best qualified for: *

Mark only one oval.

- Food
- Shelter
- Low-Income Healthcare Clinics
- Disability Services
- School Based Mental Health

15. If applicable, please select second focus area you're interested in applying for: *

Mark only one oval.

- NA
- Food
- Shelter
- Low-Income Healthcare Clinics
- Disability Services
- School Based Mental Health

16. **Please provide a concise purpose statement that articulates alignment with the focus area(s).** *

255 characters

Skip to question 17

Organization's Financials

Current 990 information is required to complete this section.

Please review the following related to financial requirements:

1) Organizations may **not** apply as a coalition or consolidate finances into a single entity. The legal entity receiving grant funds must have had more than \$2 million in actual expenses in its previous fiscal year.

2) **About use of grant funds related to administrative expenses**

Ninety percent of grant funds are restricted to programs and direct services that align with the focus areas. The grant funds may be utilized by multiple programs so long as the activities align with the focus areas. Ten percent of grant funds are unrestricted and may be used to support administrative expenses (e.g., indirect costs) or may be used for programs and direct services that align with the focus areas.

3) **Administrative expenses** include management and general expenses as well as fundraising expenses, consistent with Form 990 (Part IX, Statement of Functional Expenses). The limitation that no more than 10% of grant funds may be used for administrative expenses does not create additional categories beyond traditional indirect expenses.

4) **Healthcare Entities**

Many hospitals have a foundation to support fundraising activities. **Which set of financials should be used when determining eligibility for the OBT Community Responsive Fund?**

It is acceptable practice to assess hospitals utilizing the financials of both the hospital and its foundation. The hospital's expenses may be used to determine eligibility regarding prior fiscal year actual expenses. The hospital foundation's revenues may be used to determine public philanthropic financial support.

17. **Is your organization fiscally sponsored?** *Fiscally sponsored organizations are not eligible.* *

Mark only one oval.

No

Yes

18. Does your organization complete annual audited financial statements prepared by an independent Certified Public Accountant (CPA)? *

Mark only one oval.

Yes

No

19. Please provide last FY EXPENSES, as reported on the 990, Part 1, line 18. The organization's last fiscal year's actual expenses must have been \$2 million or more, excluding in-kind expenses. *

| Part I Summary | |
|--|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: _____ |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of _____ |
| | 3 Number of voting members of the governing body (Part VI, line 1a) |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) |
| | 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) |
| | 6 Total number of volunteers (estimate if necessary) |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) |
| | 9 Program service revenue (Part VIII, line 2g) |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) |
| | b Total fundraising expenses (Part IX, column (D), line 25) |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) |
| 19 Revenue less expenses. Subtract line 18 from line 12 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) |
| | 21 Total liabilities (Part X, line 26) |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 |

20. **Please provide last FY Public Philanthropic Financial Support, as reported on the 990, Part VIII, Lines 1a, 1c, and 1f.** (Noncash contributions from line 1g should not be included in your calculation.) *

Public philanthropic financial support includes dollars raised through private fundraising (individuals, businesses, foundations, etc.), giving campaigns, fundraising events, United Way awards, and so forth. **It excludes government grants and contracts, earned income, investment gains, and so forth. In-kind contributions (e.g., donated or rescued food, volunteer hours, etc.) are also excluded.**

Grants cannot be more than 10% of organization's philanthropic revenue (revenue less government funding, earned income, investment gains, fee for service, and in-kind contributions). Funds will be restricted to activities within the focus area. Up to 10% is permitted for administrative costs.

21. Additional questions or information you would like to share with UW Valleys (optional)

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