

Application for Grant to Provide Volunteer Taxpayer Assistance Services — Fiscal Year 2019

Name of Organization	Date of Sub	omission
Requested Amount	Federal Tax	ID#
Name of Contact Person	State ID #/	Tax Exempt #
Email Address of Contact Person	Phone (incl	ude extension)
Street Address		
City	State	ZIP Code
By submitting a proposal in response to this Re organization is free of debt that could cause re	capture or offset of g	grant funds. The applicant allows the
organization is free of debt that could cause re	capture or offset of g	grant funds. The applicant allows the
organization is free of debt that could cause re Minnesota Department of Revenue to verify th	capture or offset of g	grant funds. The applicant allows the
	capture or offset of g nis information befor	grant funds. The applicant allows the



Instructions

General Information About the Workbook

Text Boxes

This workbook is a fillable PDF. Text boxes do not expand. If you need more space to answer these questions, you may provide a Word document with those answers.

Instructions for completing the workbook Cover Page

Enter information in each required cell.

Checklist

Use this checklist to ensure you have included all necessary documentation with your proposal to have a complete application.

Site Data

Provide the Site Identification Number (SIDN), Electronic Filing Number (EFIN), return data, volunteer data, and anticipated site hours for each tax site your organization is requesting grant funds to support. If this is your first year providing volunteer taxpayer assistance services, leave the Number of Returns Prepared and Number of Volunteers fields blank.

Important: Only complete a site data table for tax sites your organization is requesting grant funds to support. Do not include data for tax sites that will not receive grant funds.

Populations Served

Indicate the populations your organization assisted this past tax filing season. Describe how your organization identified and educated these populations about your volunteer taxpayer assistance services.

Narrative

Answer all the questions listed by providing detailed information about your organization.

Budget

Provide an itemized budget for your grant request. You must separate expense requests into four categories. Grant funds will be approved for one lump sum award. Ensure all expenses requested are reasonable and necessary for successful program operation. You can find information on types of positions and reasonable salary amounts at www.bls.gov/oes.



Checklist

r 2019 Grant Workbook.
 If requesting over \$25,000 in grant funds, include financial information depending on if your organization's: Annual income is under \$50,000: Submit your most recent board-reviewed financial statement, IRS Form 990, or audit. Total annual revenue is \$50,000 to \$750,000: Submit your most recent IRS Form 990 or your most recent certified financial audit. Total annual revenue is over \$750,000: Submit your most recent certified financial audit. Note: If your organization has not existed long enough to have a completed IRS Form 990 or audit, include your most recent recent has not existed long enough to have a completed IRS Form 990 or audit,
 If your organization operates under a Group Exemption Ruling, you must provide both of the following: A copy of the group exemption ruling letter listing the affiliated tax-exempt organization your organization operates under. A copy of the IRS determination letter recognizing the affiliated organization qualifies under section 501(c)(3) of the Internal Revenue Code.
If your organization is exempt from registering with the Minnesota Attorney General, you must explain why.



Site Data

Complete a site data table for each tax site your organization is requesting grant funds to support. Do not include data for tax sites not receiving part of the grant award. If this is your first year providing volunteer taxpayer assistance services, leave the Number of Returns Prepared and Number of Volunteers fields blank.

The example below (in red) shows how to complete a site data table.

Site Name			Site Address		
ABC Community	y Center			eet, St. Paul, MN 5510)4
SIDN			EFIN		
SXXXXXXX	_		XX-XXXX		
	turns Prepared	d			Tax Year 2017
Federal					250
State					240
Property Tax					150
Previous Year(s)				
					20
Total					660
Number of Vo	lunteers				Tax Year 2017
New					10
Returning					
Total					20
IOLAI					30
2019 Tax Seas	on Hours (201	8 Tax Year)			
Opening Date	Closing Date	Days Open	Hours Open	Weeks Open	Total Hours
2/1/2019	4/15/2019	Wed/Sat	5-8 pm Wed/9-12 Sat	11	66
2019 Off-Sease					
Opening Date	Closing Date	Days Open	Hours Open	Weeks Open	Total Hours
5/10/2019	8/9/2019	Wed	1-4 pm	14	42
			Total Hours for Tax Seas	on and Off-Season	108

Use the following blank tables to enter your site information. Attach additional sheets if necessary.

Site Name			Site Address		
SIDN			EFIN		
Number of Ret	turns Prepared	l			Tax Year 2017
Federal					
State					
Property Tax					
Previous Year(s	5)				
Total					
Number of Vo	lunteers				Tax Year 2017
New					
Returning					
Total					
2019 Tax Seaso	on Hours (2018	3 Tax Year)			
Opening Date		Days Open	Hours Open	Weeks Open	Total Hours
2019 Off-Seaso	on Hours				
Opening Date	Closing Date	Days Open	Hours Open	Weeks Open	Total Hours
		To	otal Hours for Tax Seas	on and Off-Season	

Site Name				Site Address		
SIDN				EFIN		
Number of Re	turns Prepared					Tax Year 2017
Federal						
State						
Property Tax						
Previous Year(s)					
Total						
Number of Vo	lunteers					Tax Year 2017
New						
Returning						
Total						
2019 Tax Seaso	on Hours (2018	3 Tax Year)				
Opening Date		Days Open	Hours (Open	Weeks Open	Total Hours
2019 Off-Seaso	on Hours					
Opening Date	Closing Date	Days Open	Hours (Open	Weeks Open	Total Hours
	1	1	Total Hou	rs for Tax Seaso	n and Off-Season	

Site Name			Site Address		
SIDN			EFIN		
Number of Ret	turns Prepared				Tax Year 2017
Federal					
State					
Property Tax					
Previous Year(s	5)				
Total					
Number of Vol	lunteers				Tax Year 2017
New					
Returning					
Total					
2019 Tax Seaso	on Hours (2018	B Tax Year)			
Opening Date		Days Open	Hours Open	Weeks Open	Total Hours
2019 Off-Seaso	on Hours				
Opening Date	Closing Date	Days Open	Hours Open	Weeks Open	Total Hours
	1	To	otal Hours for Tax Seas	on and Off-Season	

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SIDN				EFIN		
Number of Re	turns Prepared					Tax Year 2017
Federal						
State						
Property Tax						
Previous Year(s)					
Total						
Number of Vo	lunteers					Tax Year 2017
New						
Returning						
Total						
2019 Tax Seaso	on Hours (2018	3 Tax Year)				
Opening Date	Closing Date	Days Open	Hours (Open	Weeks Open	Total Hours
2019 Off-Seaso	on Hours					
Opening Date	Closing Date	Days Open	Hours (Open	Weeks Open	Total Hours
			Total Hou	rs for Tax Seasor	n and Off-Season	



Populations Served

Place an "X" in each box for each population your organization assisted this past tax filing season. If this is your first year, leave this section blank and complete the one below.

Populations Served — Tax Year 2017
Individuals with low-income (annual income of \$54,000 or less)
Individuals with limited English-speaking abilities
Individuals with disabilities
Individuals who have recently immigrated to the United States
Individuals who are geographically underserved, including individuals living in greater Minnesota
Seniors
Veterans
Racial and ethnic communities, including American Indians
Individuals who are homebound
International students
Individuals who identify as lesbian, gay, bisexual, transgender, questioning, queer, intersex (LGBTQQI)
Other, please specify:
Place an "X" for each population your organization intends to assist and provide services to next tax filing season:
Populations Intended to Serve — Tax Year 2018
Individuals with low-income (annual income of \$54,000 or less)
Individuals with limited English-speaking abilities
Individuals with disabilities
Individuals who have recently immigrated to the United States
Individuals who are geographically underserved, including individuals living in greater Minnesota
Seniors
Veterans
Racial and ethnic communities, including American Indians
Individuals who are homebound
International students
Individuals who identify as lesbian, gay, bisexual, transgender, questioning, queer, intersex (LGBTQQI)
Other, please specify:

Populations Served, Continued

For the past filing season (tax year 2017), describe how your organization identified and educated the above
populations about your volunteer taxpayer assistance services.

For the upcoming filing season (tax year 2018), describe how your organization plans to identify and educate the above populations about your services. Include if your organization intends to expand services to any new populations.

If your organization did not provide services this past tax filing season, indicate which porto assist for the upcoming filing season and your plan to identify and educate the above	opulations you intend
your volunteer taxpayer assistance services.	populations about



Narrative

Answer each of the questions below. If you need more space to answer questions, attach additional pages.
Describe the diversity and inclusiveness of your organization's taxpayer assistance service volunteers. Include the languages spoken.
Describe how your organization will use grant funding to improve (or provide, if this is your first year) volunteer taxpayer assistance services to low-income, elderly, and disadvantaged Minnesotans. Include specific goals, and how your organization will meet those goals, to improve volunteer taxpayer assistance services.
Describe your organization's plan for recruiting new volunteers and retaining past volunteers this
filing season and how grant funds will improve these plans. If this is your organization's first year providing volunteer taxpayer assistance services, explain your goals for recruiting volunteers.

Narrative, continued

services this filing season and how grant funds will improve training. Include a list of federal, Mini and other topics covered during training, the hours spent on each topic, the delivery method of the	
training (such as Link & Learn, self-study, or classroom training), and the training materials used.	
	ic partnership
taxpayer assistance services to low-income, elderly, and disadvantaged Minnesotans. Describe the responsibilities of each collaborating organization, such as space provided for the site, equipment	teer e roles and
efforts and contributions your organization has provided, and plans to provide, to increase volunt taxpayer assistance services to low-income, elderly, and disadvantaged Minnesotans. Describe the responsibilities of each collaborating organization, such as space provided for the site, equipment assistance, advertising, supplies, etc.	teer e roles and
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Budget Proposal

A. Equipment and Accessories

Item	Quantity	Cost	Total
Computers			
Printers			
Copiers			
Other:			
		Subtotal	
B. Advertising Type	Quantity	Cost	Total
Flyers			
Newspaper			
Volunteer Recruitment			
Other:			
	ı	Subtotal	
C. Salaries Position	Hourly Wage	Number of Hours	Total
Tax Site Coordinator			
Electronic Filing Coordinator			
Volunteer Coordinator			
Administrator			
Translator			
Other:			
Go to https://www.bls.gov/oes/home.htm to determine if salaries a	re reasonable	Subtotal	
D. Other Expenses	.	_	
Type Volunteer Training	Quantity	Cost	Total
Supplies			
Mileage			
Rental Space			
Volunteer Recognition Other:			
Other:			
		Subtotal	
		TOTAL	

Budget, Continued

Budget: Explain how you will spend grant funds and why you need these items to reach your organization's goals for providing volunteer taxpayer assistance services.

• If your organization requests salary funds, you must specify job duties and the percentage of time

•	If your organization requests advertising funds but does not plan to use print advertisements, provide a
	detailed description of your marketing plan.

devoted to the volunteer taxpayer assistance program.					