

## Homer A. & Mildred S. Scott Foundation Family/Board Matching Resolution

On May 30, 1997, the Board of Trustees passed a resolution whereby each Family member and Trustee may have their personal gifts to non-profit 501 (c) (3) organizations matched dollar-for-dollar by the Foundation. Each Family Branch has an annual amount of (\$ designated amount) available for matching; Trustees' matches are taken from the total annual dedicated amount of (\$ designated amount). Matching funds may be re-evaluated each year.

Matching payouts need to follow the Foundation grant guidelines: 70 percent within a 30-mile radius of Sheridan and 30 percent payout outside the Sheridan area. Based on (\$ designated amount) per Family Branch, the amounts are thus (\$ designated amount) Sheridan area and (\$ designated amount) outside Sheridan.

The Application for Matching Gift form (Part I completed) is to be included with the Family member's or Trustee's personal gift to the non-profit, completed and signed by an organization officer (Part II), and returned along with a copy of their 501 (c) (3) letter by that person to the Foundation office. The Foundation check for the matching amount will be mailed directly to the non-profit organization.

Homer A. and Mildred S. Scott Foundation Board of Trustees Meeting Minutes, May 30, 1997

## Family/Board Volunteer Hours Matching Resolution

On July 25, 2000, Trustees passed a resolution to initiate a trial program using Foundation funds to match volunteer hours contributed by Family and Trustees to non-profit 501 (c) (3) organizations.

Family members and Trustees are to submit to the non-profit organization a log of the hours volunteered along with the Application for Matching Gift form (Part I completed). An organization officer will certify the volunteer hours worked, complete Part II of the form, and return the it along with a copy of their 501 (c) (3) letter to the Foundation office. The Foundation check for the matching amount will be mailed directly to the non-profit organization.

Volunteer hours may not include attendance at non-profit organizations' board or regular meetings. The resolution's intent is to encourage Family and Trustee philanthropy at the grassroots level and encourage all ages to participate.

The Foundation will match a minimum of 3 volunteer hours per non-profit organization at a rate of \$10 per hour. Volunteer hours matching amounts will be subtracted from the designated funds available in the matching program. Matching amounts for volunteer hours must follow the Foundation grant guidelines of 70 percent payout in the Sheridan area and 30 percent outside the Sheridan area.

Homer A. and Mildred S. Scott Foundation Board of Trustees Meeting Minutes, July 25, 2000, and October 24, 2000

## Homer A. & Mildred S. Scott Family/Board Matching Resolution Amendment

At the Foundation Board meeting on July 21, 2003, Trustees discussed Family/Board matching funds. The amount set aside for matching has been/is (\$ designated amount) [(\$ designated amount) per Family Branch] and non-Family Trustees have been included under this umbrella. Trustees acknowledged that Board matching funds could impact available Foundation payout funds. FIB Foundation allows (\$ designated amount) maximum matching in WY and MT for each of its non-Family Trustees. Consensus was that this policy would be an effective guideline for the Scott Foundation.

Subsequently, a motion was passed “that the Scott Foundation match non-Family Trustees’ donations up to (\$ designated amount) [each].” The funds are restricted geographically in keeping with the wording of the current Family/Board Matching Policy: 70 percent within a 30-mile radius of Sheridan and 30 percent outside Sheridan. However, the 30 percent amount is not limited only to areas where the Scott Family has a presence, as is required of Foundation payout.

The total amount available to non-Family Trustees, (\$ designated amount), is separate from the (\$ designated amount) designated for Family matching.

Trustees also discussed making Foundation matching funds available to a non-Family executive director.

A motion was passed “that the Scott Foundation establish a ceiling of (\$ designated amount) in matching funds for a non-Family executive director.” These funds have the same geographic restrictions as non-Family Trustees’ matching funds and are separate from both the Family matching funds and the non-Family Trustees’ matching funds.

Summary of funds available:

Total matching available to Family: (\$ designated amount) [(\$ designated amount) per each Family Branch]

Total matching available to non-Family Trustees: (\$ designated amount) [(\$ designated amount) each]

Total matching available to non-Family Exec. Dir.: (\$ designated amount)

Homer A. and Mildred S. Scott Board of Trustees Meeting Minutes, July 21, 2003

**Application for Matching Gift from  
HOMER A. and MILDRED S. SCOTT FOUNDATION**

**PART I: Family/Board Member** completes and mails with gift to eligible organization. If submitting hours, please also complete the volunteer log. *Please type or print the following information..*

I enclose my gift of \$ \_\_\_\_\_ and/or \_\_\_\_\_ volunteer hours to  
(number)

\_\_\_\_\_  
(name of organization) (address) (city, state, zip)

This gift is **unrestricted** ( ) **OR** to be used for \_\_\_\_\_

**Name of Donor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Donor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PART II: Recipient Organization** completes and mails to address below **with copy of 501 (c) (3) letter.**

I verify that the gift described in Part I was made on \_\_\_\_\_ in the amount of (less value of  
(date)  
any item received by donor) \$ \_\_\_\_\_ by \_\_\_\_\_ to this organization, which  
(name of donor)

meets the following eligibility requirements of the Homer A. and Mildred S. Scott Foundation Matching Gifts Program: A qualified non-profit organization to which contributions are recognized as tax exempt by the Department of the Treasury. *Please type or print the following information..*

**Name of Organization** \_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_  
(address) (city, state, zip)

**Name of Certifying Officer** \_\_\_\_\_ **Title** \_\_\_\_\_

**Officer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

When both Parts I and II have been completed, **please promptly return this form and a copy of your 501 (c) (3) letter to:**

**Lynn Mavrakis, Executive Director  
Homer A. and Mildred S. Scott Foundation  
P.O. Box 2007, Sheridan, WY 82801**

Matching checks are typically distributed within two weeks of receipt of completed form.