2019 Focus Grant Cycle 2 Application

Deadline: August 30 2019 at 11:59 PM PDT (Midnight)

Focus Grant Program

Grant Criteria

You are requesting a Focus Grant from the Community Foundation for Southwest Washington. Focus Grants are awarded to organizations that can clearly demonstrate how they are impacting intergenerational poverty in a meaningful way. Grant award amounts vary, with a standard maximum award of $25,000.

Proposals should present a strong case for support. To read more about our funding priorities and grant guidelines, please visit https://www.cfsww.org/nonprofits/grant-programs-2/ before filling out this grant application. Before you apply, we welcome you to contact the foundation's program officers or to email us at grants@cfsww.org to discuss your proposal.

Requests for funding are reviewed by our Discretionary Grants Committee. After first considering how strongly a proposal fits our funding focus on intergenerational poverty, we then evaluate grant requests based on the following criteria:

• The program/organization addresses an important community need in Southwest Washington
• The proposed project/work is consistent with the organization's mission, and the organization is qualified to address the identified community need
• The organization's programs/work are clearly defined, avoid duplication and are based on best practices in the field or there is evidence that the approach is effective
• The organization has the resources, staff and capacity to carry out the project/its work
• The organization seeks to carry out its work collaboratively in coordination with partners or in cohorts
• The organization seeks to include the voices and perspectives of the people and communities it serves
• The outcomes and activities noted are realistic, measurable and meaningful to the community, and the organization has demonstrated past impact or strong potential of future impact
• The organization is committed to diversity, equity and inclusion, both internally and in its partnerships and service delivery
• The organization demonstrates competency in fiscal planning and management; the project budget and grant request are commensurate in size with the organization's overall budget and with the proposed impact of the work; and additional support is sought from other funding sources

Please note that the Foundation may be in touch during the application review process to request additional information to get further clarity about your grant request.

Organization Information

Basic Information

Applicant Organization Name *

Please use the organization's legal name here, per your IRS nonprofit designation letter.

Tax Status *

- ○ 501(c)(3) nonprofit
- ○ Government (includes public schools) or tribal agency
- ○ Church/religious organization
- ○ Not a nonprofit organization; we have a fiscal sponsor
- ○ Other

[   ]

Tax ID #/EIN: *

[   ]

Name of Fiscal   Do not include the hyphen. For example, 911246778. If you're using a fiscal sponsor, enter the Tax ID/EIN of your fiscal sponsor.
Sponsor *

[   ]

Please upload a copy of your Fiscal Sponsorship Agreement/MOU.

Select File [Choose File] No file selected
Maximum File Size: 20MB
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Date of Incorporation: To learn more about fiscal sponsorships, visit: http://www.fiscalsponsors.org/pages/about-fiscal-sponsorship

[   ]

Clear

Street Address *

[   ]

City *

[   ]

State *

[Select one...   ▼]

Zip *

[   ]

Mailing Address (if different than Street Address)

[   ]

City   List your mailing address if it different from your street address.

[   ]

State

[Select one...   ▼]

Zip

[   ]

Main Telephone *

Website Address

Personnel

Executive Director *

Telephone *

Executive Director Email *

Primary Contact Name *

Primary Contact Title *   The primary contact should be directly involved with this grant application and the program you are requesting funds for.

Primary Contact Telephone *

Primary Contact Email *

Total Number of Paid Staff (FTE): *

Organization Size

What is your annual operating budget? *

- ○ Less than $250,000
- ○ Between $250,000 - $499,999
- ○ Between $500,000 - $999,999
- ○ Greater than $1 Million

Organizational Profile

Please share your organization's mission statement, brief history in region and core programs and/or services. *

Does your organization serve Clark, Cowlitz and/or Skamania counties?

[▼]

If your organization is headquartered outside Clark, Cowlitz and/or Skamania counties, discuss your history providing programs and/or services in Southwest Washington, including how long your organization has served this region and how you engage with the community being served.

The Community Foundation is Grants are only available to organizations providing services in Clark, Cowlitz or Skamania counties in Washington state. committed to the values of equity, diversity and inclusion, and actively strives to support these efforts locally and regionally. We approach this work with humility and seek to partner with organizations that are committed to addressing disparities in their organizations and communities. Please share an example(s) of how your organization is advancing equity, diversity and inclusion and to what extent your staff, board and (if relevant) volunteers reflect the demographics and experiences of the people and communities you serve?
We recognize there exists a continuum of opportunity and experience organizations have to promote and practice equity. If your organization has not engaged in meaningful equity, diversity and inclusion work, please share any opportunities or challenges you see here. *

Max Number of Words: 500

Does your organization have a non-discrimination policy both for staff and clients served? *

○ Yes
○ No

Why?

Grant Request Summary

Grant Request Overview

We invest in the following community impact areas related to intergenerational poverty. Which of these areas does the work you are requesting funding for most closely align? *

- ○ Basic Human Needs
- ○ Educational Attainment
- ○ Asset Building

You selected the Basic Needs Impact area, please select a sub program area that best describes your grant request. *

Basic Human Needs: Efforts to meet the basic needs of underserved individuals, families and communities

Educational Attainment: Efforts to provide equitable educational opportunities

Asset Building: Efforts to improve the financial health of people and communities facing the biggest barriers to economic mobility

[▼] [   ]

You selected the Educational Attainment Impact area, please select a sub program area that best describes your grant request. *

[▼] [   ]

You selected the Asset Building Impact area, please select a sub program area that best describes your grant request. *

[▼] [   ]

If you selected Other, please describe the subprogram area that best describes your grant request. *

[   ]

What type of support are you requesting? *

- ○ Program/Project
- ○ Operating
- ○ Capital
- ○ Capacity Building

Amount Requested from the Community Foundation *

Program/Project: Funding for new or existing programs or projects

Operating: Unrestricted funding to support your organization's overall mission

$ [   ]

Capital: Funding for buildings, equipment or technology

(1 to 100000)

Total Program/Project Cost *

Capacity Building: Funding to strengthen organizational infrastructure, including diversity, equity and inclusion work

$ [   ]

(0 to 100000000)

Program/Project Title *

Max Number of Words: 15

Please provide a brief description (1-2 sentences) of your request and how Community Foundation funds will be used. *

Max Number of Words: 100

Which counties will your grant request serve? *

☐ Clark

☐ Cowlitz

☐ Skamania

☐ All

You may select up to two counties or select "All".

Grant Request Details

Grant Request Narrative

Please describe the program/work for which you are requesting funding, including a description of the community you will serve, evidence of community need, how your approach will equitably address that need, an overview of your key outcomes and the primary activities your organization will undertake to achieve those outcomes. *

What is the intended impact of this program/work? This could be on the organization itself, your clients and/or for the community as a whole. (e.g., practices, policies, systems) *

Estimated number of clients or community members who will be served/impacted by this work relevant to your request. *

What efforts has your organization made to engage the voices, perspectives and expertise of the clients/communities you serve in the development, implementation and evaluation of your work? Please also briefly share any challenges or opportunities you see here. *

Partners and Funders

Who else is addressing the need in this community? Are you partnering with other nonprofits, government agencies and/or businesses? If not, why not? If so, please describe what unique contributions your organization is making. *

Please list all other funding sources and amounts for which you are seeking funding, including foundations, government agencies and businesses.

Has your organization applied for a Focus Grant in the past three years? *   Committed, pending and planned support including in-kind donations.

    ⊙ Yes, awarded (see below).

    ⊙ Yes, declined.

    ⊙ No.

If your organization received funding in the past three years from previous Focus Grant applications, please include all grants information below.

Amount of Grant / Year Grant Received / Project Title

[text area]

Financial Information

Financial Details

What is your fiscal year start date? *

[text field]

What is your fiscal year end date? *

[text field]

For example, 1/1

For example, 12/31

Financial Attachments & Narrative

All applicant organizations are required to submit organizational financial statements. You are required to submit a project/program budget only if you are requesting project/program support.

Please attach a copy of the organization's annual operating budget showing projected revenue and expenses for your current fiscal year. *

Select File [Choose File] No file selected
Maximum File Size: 20MB
No file attached

Please attach a copy of the organization's Statement of Activities (also commonly called Profit & Loss Statement or Income Statement) showing actual revenues and expenses for your most recently completed fiscal year. *

Select File [Choose File] No file selected
Maximum File Size: 20MB
No file attached

Please attach a copy of the organization's Balance Sheet (also called Statement of Financial Position) for your most recently completed fiscal year, showing assets and liabilities. *

Select File [Choose File] No file selected
Maximum File Size: 20MB
No file attached

Please attach an itemized project or program budget, showing revenues and expenses (separately) for the entire project/program period. *

Select File [Choose File] No file selected

Maximum File Size: 20MB
No file attached

Please provide a   If the type of support you are requesting is for operating, you are not required to submit an itemized project or program budget.
financial narrative if you'd like to elaborate on any
special financial circumstances, anomalies, or budget assumptions.

Supplemental Information

Additional Documents

If needed, use this space to provide introduction or narrative of any downloaded documents to support your grant request.

Use this space to download any additional information to support your grant request.

Select File [Choose File] No file selected

Maximum File Size: 20MB
No file attached

Use this space to download any additional information to support your grant request.

Select File [Choose File] No file selected

Maximum File Size: 20MB
No file attached

Use this space to download any additional information   Examples of additional information include: brochures, letters of support, newspaper article, etc.
to support your grant request.

Select File [Choose File] No file selected

Maximum File Size: 20MB
No file attached

Applicant Questionnaire

Applicant Feedback

How many hours did you spend completing this application? *

[   ]

(Min Range: 0.00)

If you have applied for any grants before, were you able to use the narrative from your applications? *

○ Yes

○ No

We are asking this because we want to decrease the burden on applicants, increase efficiencies and move toward a more universal application. Please contact Program Officers with any concerns.

Which questions could you reuse from prior applications?

[   ]

Which sections were different, not allowing you to use previous narrative?

[   ]

Submit Application

Certification

I certify that all information contained in this application is true and correct to the best of my knowledge, and that I am authorized to submit this grant application on behalf of my organization. *

○ I agree