2024 Focus Grant Cycle 1 Application

PROGRAM DEADLINE: March 29, 2024 at 11:59 PM PDT (Midnight)

Basic Information	
Applicant Organization Name	e *
C Please use the organization'	s legal name here, per your IRS nonprofit designation letter.
Γax Status *	
C 501(c)(3) nonpro	ofit
	cludes public schools) or tribal agency
C Church/religious	
Not a nonprofit of	organization; we have a fiscal
sponsor	
Other	
Tax ID #/EIN: *	
Conot include the hyphen. I	 For example, 911246778. If you're using a fiscal sponsor, enter the Tax ID/EIN of your fisca
sponsor.	
Name of Fiscal Sponsor*	
Please upload a copy of you	r Fiscal Sponsorship Agreement/MOU. *
	r Fiscal Sponsorship Agreement/MOU. *
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Street Address *	
City *	
State *	
Select one	
Zip Code *	
Is your mailing address different from your street address? *	
C Yes No	
Mailing Address *	
List your mailing address if it different from your street address.	
City *	
State *	
Select one	
Zip Code *	
Main Talanhana *	
Main Telephone *	
Website Address	

Personnel
Executive Director *
Executive Director Email *
Primary Contact Name *
Triniary Contact Name
The primary contact should be directly involved with this grant application and the program you are requesting funds for.
Primary Contact Title *
Primary Contact Telephone *
Trimary contact receptions
Primary Contact Email *
Total Number of Paid Staff (FTE): *
Total Namber of Fala Staff (F12).

Organizational Profile

What is your annual operating budget? *

- C Less than \$250,000
- © Between \$250,000 \$499,999
- © Between \$500,000 \$999,999
- C Greater than \$1 Million

Please share your organization's mission statement and history of serving southwest Washington. *
Max Number of Words: 500
The Community Foundation is committed to the values of equity, diversity, inclusion and belonging and
actively strives to support these efforts locally and regionally. We approach this work with humility and seek
o partner with organizations that are committed to addressing disparities in their organizations and in our
community. <u>We understand equity is valued by our community however we are not looking for broader</u> anguage explaining why equity is important or having standard non-discrimination language provided.
Please share an example(s) of how your organization proactively promotes equity, diversity, inclusion and belonging in your work and if your organization has specific policies that take equity into mind. Examples include, but are not limited to, any culturally-specific/relevant programming offered; if your board/leadership is reflective of the community you serve, outreach and partnerships with historically under-resourced populations; projects located in communities lacking critical infrastructure or near culturally-specific business/services; and/or diversity or cultural engagement initiatives within your
organization.
Does your organization actively practice non-discrimination for both staff and clients? Also, see our Non- Discrimination Policy: https://www.cfsww.org/nonprofits/grant-programs-2/#nondisc *
onscrimination Policy. https://www.cisww.org/honpronts/grant-programs-2/#nondisc
C Yes
C No
f not, why? *

)rganizationa	l Leadership
rganization suppo ighlighted in our re committed to i ntergenerational	more about your organizational leadership structure to understand how your orts and promotes values of equity, diversity, inclusion and belonging. As we criteria guiding decision-making and through our community impact lens, we increasing our investments in organizations working to disrupt the cycle of poverty with a targeted focus on organizations that partner with have been disproportionally impacted by economic, racial and/or social egion.
	ocus Grant program's target investments to priority populations, click <u>here</u> Does the Focus Grant Program target its investments to specific priority
	n been historically led by a person who identifies as Black, Native American/Indigenous, awaiian, Pasifika, or a Person of Color and is your board reflective of the community you
O Yes	
O No	
lease elaborate: *	
irector/CEO/senio	r ability, please indicate the number of leaders (Executive or leadership/Board of Directors) in your organization who have the following d experiences that align with the Focus Grant program's priority populations.
lease download t	his table template and fill it out, then upload below.
emplate Link	
nce you have filled	out the template, please save in any format and upload here. *
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lo file attached	
you do not collect t	this data for senior staff and/or Board Members, please explain.

Grant Request Overview

We invest in the following community impact areas related to intergenerational poverty. Which area most closely aligns with the work you are requesting funding for? *
C Basic Human Needs
C Educational Attainment
C Asset Building
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
Please select up to three areas of focus that describe your grant request. *
Affordable Housing
Animal Welfare
☐ Arts
Behavioral/Mental Health
Child Advocacy and Foster Care Supports
Community Development
Disability Services
Disaster Relief
Domestic Violence
Early Childhood Education
Economic Development
Education - K-12
Education - Post-Secondary
Environmental Justice
Equity and Support for Historically Under-Resourced Communities
Financial Literacy
Food Security
Health and Wellness
Homelessness
Humanities - library, museum, cultural, public broadcast
Immigrant/Refugee Services
Legal Services
Organizational Development (staff development, capacity building)
Other Basic Need (clothing, personal/household items, technology,
transportation)
Public Policy
Senior Citizen Services
Small Business/Leadership Development
Veterans and Military
Wraparound Services
Youth Development/Mentor Programs
☐ Other

you selected Equity and So y members of the historica	upport for Historically Under- ly under-resourced commur	Resourced Communities, lity targeted by this grant	, is your organizationt? *	on led	

If you selected Organizational Development, please select an area of focus describing your organization's overall mission. *
C Affordable Housing
C Animal Welfare
C Arts
C Behavioral/Mental Health
Child Advocacy and Foster Care Supports
Community Development
Disability Services
Disaster Relief
C Domestic Violence
C Early Childhood Education
C Economic Development
C Education - K-12
C Education - Post-Secondary
C Environmental Justice
C Equity and Support for Historically Under-Resourced Communities
C Financial Literacy
C Food Security
C Health and Wellness
C Homelessness
C Humanities - library, museum, cultural, public broadcast
C Immigrant/Refugee Services
C Legal Services
 Organizational Development (staff development, capacity building)
igcap Other Basic Need (clothing, personal/household items, technology,
transportation)
O Public Policy
Senior Citizen Services
Small Business/Leadership Development
C Veterans and Military
O Wraparound Services
O Youth Development/Mentor Programs
Other
If you selected Other, please specify.

What priority population(s) does your organization and program/project serve? Please select up to four that most reflect the populations you serve. *
Black
Communities of Color
Foster youth and young adults who have aged out of the foster care system
Historically under-resourced communities or communities lacking critical
infrastructure
Immigrants and/or Refugees
☐ Indigenous
Latino/a/x
Native American/Alaska Native
Native Hawaiian
Pasifika
People living on low incomes
People who are unstably housed/unhoused
People who identify as LGBTQ2S+
People with behavioral health issues
People with disabilities (developmental, intellectual, neurodivergent, physical)
Rural and distressed communities
Survivors of domestic violence, gender violence, and/or child abuse
Other
If you selected Other, please specify.
Amount Requested from the Community Foundation *
\$
Beginning in 2021; all Focus Grants are awarded as general operating dollars. If your organization is headquartered
outside of southwest Washington, we require that you include a southwest Washington program/project specific budget. (1 to 100000)
Program/Project Title *
May Number of Words: 15

		J
	Max N	umber of Words: 10
Which counties will your grant request serve? *		
_		
Which counties will your grant request serve? * Clark Cowlitz		
Clark		
Clark Cowlitz		

Grant Request Details		

Grant Request Narrative
Describe the program(s) for which you are requesting funding. Please include a description of how you used community input to identify need, how your approach will equitably address that need and reduce disparities, a description of the population being served and details about your service delivery model (e.g., culturally-responsive services, use of best practices, staff experience, etc.).
We are also interested in learning more about how you are engaging in partnerships with local community-based organizations. Please share how you define partnership and provide example (s) of a meaningful partnership you have developed (e.g., beyond tabling at events or sending organizational flyers). We would like to learn about partnerships that include a reciprocal and mutual engagement of shared resources. If you haven't yet developed transformational partnerships, please share any barriers or opportunities for engagement.
*
May Nymhar of Warda, 1000
Max Number of Words: 1000
We prioritize funding organizations who work closely with the communities most impacted by poverty and who seek their clients/communities' input on programming and services. Please share if/how your organization provides culturally-specific/culturally-responsive outreach to the communities you serve or intend to serve. What efforts has your organization made to engage the voices, perspectives and expertise of the clients/communities you serve in developing your work? Include any challenges or opportunities you see here.
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funding sources a ies, businesses ar				
r organization is a hope to achieve a		ou sustain the pro	oposed activit	ties or
			Max Nu	umber of Words: 50

Financial Information		
Financial information		

Financial Attachments & Narrative

All applicant organizations are required to submit organizational financial statements. If you are headquartered outside of southwest Washington, please submit a southwest Washington program/project specific budget.

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

Select File

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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

If you are headquartered outside of southwest Washington, please attach a southwest Washington program/project specific budget, showing revenues and expenses (separately) for the entire project/program period.

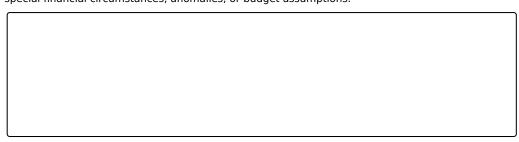
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Please provide a financial narrative if you'd like to elaborate on any special financial circumstances, anomalies, or budget assumptions.



Supplemental Information

Maximum File Size: 20MB

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Additional Documents If needed, use this space to provide introduction or narrative of any downloaded documents to support your grant request. Upload any additional information to support your grant request. Select File Choose File No file selected Maximum File Size: 20MB No file attached Examples of additional information include: brochures, letters of support, newspaper article, etc. Upload any additional information to support your grant request. Select File Choose File No file selected Maximum File Size: 20MB No file attached Examples of additional information include: brochures, letters of support, newspaper article, etc. Upload any additional information to support your grant request. Select File Choose File No file selected

Examples of additional information include: brochures, letters of support, newspaper article, etc.

pplicant Questionnaire
Applicant Feedback
How many hours did you spend completing this application? *
(Min Range: 0.00)
The Community Foundation strives to ensure the Focus Grant application is fair and equitable and continues to refine the application to achieve this goal. We welcome any feedback on the application process including any challenges you faced.
ubmit 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