

Basic Needs Giving Partnership Grant Application

The Basic Needs Giving Partnership is funded by U.S. Venture, the J. J. Keller Foundation and other community partners. Grants from this fund help non-profits develop innovative and collaborative new approaches to root causes of poverty in four focus areas. Grants may be up to \$300,000 over a 3-year period. Applications are reviewed twice a year.

Potential grantees from Outagamie, northern Winnebago, Calumet, Waupaca and Shawano Counties MUST contact Lynn Peters (lpeters@cffoxvalley.org) at the Community Foundation prior to completing an application.

DEADLINES: 4:00 PM on September 1 and March 1.

Organization

Organization applying:

Year established:

Phone:

Website:

Email:

Address:

City

State

Zip

CEO or Chair:

Title:

Full-time employees:

Part-time employees:

Volunteers:

Nonprofit Status: (organizational tax type)

Parent Org (if applicable)

Fiscal Sponsor (if applicable)

EIN Number:

Mission Statement: (Character Count 750)

Grant Project

Project Title:

Grant Contact:

Contact's Title

Phone:

Email:

Project Start Date:

Project End Date:

Total Project Budget:

Total Grant Request:

Describe your grant request in 2-3 sentences. Please be precise and concise in your description. *(Character count: 850)*

Project Collaborators

Please enter the name and email address for each of your project collaborators. Upon submission of your application, each name listed will receive a collaborator application form. Their submitted collaborator application will become part of your full application.

Collaborator Name:
Collaborator Email:

Collaborator Name:
Collaborator Email:

Collaborator Name:
Collaborator Email:

Collaborator Name:
Collaborator Email:

Collaborator Name:
Collaborator Email:

Objectives

State up to 3 objectives for your project and describe how you would measure success.

Objective #1 *(Character count 750)*

Measure #1 **How will you measure your success for this objective?** *(Characters count 750)*

Objective #2 *(Character count 750)*

Measure #2 **How will you measure your success for this objective?** *(Character count 750)*

Objective #3 *(Character count 750)*

Measure #3 **How will you measure your success for this objective?** *(Character count 750)*

Project Summary

Describe your project in more detail Why is it needed? What will it change in our community? *(Character count: 2000)*

How many people will benefit from this project? Who will they be? *(Character count: 750)*

How does this project address the Basic Needs Giving Partnership purpose and impact areas? *(Character count: 750)*

Describe the project timeline step by step, including anticipated completion dates.
(Character count: 750)

What are the long-term funding strategies for sustaining this effort, if it will continue?
(Character count: 750)

Describe how your organization works with others in our service area to address similar needs. *(Character count: 750)*

What else should we know about this request? *(Character count: 750)*

Project Budget

List sources of revenue and type of expenses below. Identify the specific expense line items to which our grant dollars would be applied.

Revenue	Total amount	
Community Foundation	<input type="text"/>	Should equal Total Grant Request from Grant Project Page
Agency Contribution	<input type="text"/>	
Fees for Service	<input type="text"/>	
Membership Dues	<input type="text"/>	
In-Kind Contributions	<input type="text"/>	
Grants/Other Funders (list)		Approved? If no, indicate decision date
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="text"/>
Total	<input type="text"/>	Should equal Total Project Budget from Grant Project Page

Expenses	Total amount	Amount to be paid from this grant
Salaries/Benefits		
Contracted Services (detail below)		
Supplies/Equip. (detail below)		
In-Kind Expenditures		
Advertising		
Printing		
Other (list)		
Total		
Totals should equal Total Project Budget and Total Grant Request from Grant Project Page		

Project Budget Narrative: Briefly explain sources of revenue and details of expenses. Be specific about how our grant dollars would be spent. (*Character count: 750*)

Service Information: Clients served in 3 most recent years.

Service Year

Number of clients served by organization

Percentage of clients served in Outagamie, Calumet, Waupaca, Shawano or Northern Winnebago Counties

Financial Health

***Shaded Cells are auto-calculated.**

Fiscal Year End Date				
	Latest Audit Year	Previous Year Audit	Current Year Unaudited	Next Year Budget
Did your organization have an operating surplus or deficit?				
Unrestricted Revenue & Support				
Total Expenses				
Operating Surplus or (Deficit)				
How are resources allocated across program and supporting services?				
Total Program Expense				
Program Expense %				
Total Management & General Expense				
Management Expense %				
Total Fundraising Expense				
Fundraising Expense %				

How liquid are the organization's reserves?

Unrestricted Net Assets				
Board-Designated Net Assets				
Fixed Assets				
Mortgages				
Fixed Assets, Net of Related Debt				
LUNA: Liquid Unrestricted Net Assets				
How many months of operations can be covered with liquid operating reserves?				
Monthly Expenses				
Months Covered by Liquid Reserves				
How many months of operations can be covered with available cash?				
Cash & Cash Equivalents				
Months of Cash on Hand				
Reprinted with permission of Fiscal Management Associates LLC.				

Upon submittal of the Basic Needs Giving Partnership application, collaborators listed on the Project Page are emailed this form:

Grant Collaborator Application

Please complete all relevant fields

Organization name:

Year established:

Organization Phone:

Website:

Email:

Address:

City:

State:

ZIP code:

CEO or Board Chair:

Title:

Full-time employees:

Part-time employees:

Volunteers:

Nonprofit Status:

EIN Number:

What is your organization's mission statement?

(Character Count: 750)

PROJECT

Grant Contact:

Title:

Phone:

Email:

Project Title:

Dates Community Foundation grant to be used:

From:

To:

Total project budget:

Total grant request:

Describe your role in this grant request:

(long text, no character limit)

SERVICE INFORMATION

	Year	Year	Year
Attendance/participants/clients served by organization			
% of above served in Outagamie, Calumet, Waupaca, Shawano or northern Winnebago counties			

FINANCIAL OVERVIEW

Balance Sheet			
	FY	FY	FY
Cash (checking and savings)			
Accounts Receivable			
Current Liabilities			
Loans			

Income Statement			
Total Revenue			
Earned Income (e.g., program and membership fees)			
Total Expenses			
Surplus/(Deficit)			

Explain any deficit:

Terms

Acceptance of the terms and conditions is required for your application to be considered.

- By checking this box, the individual(s) whose name(s) appear on this application, including the Executive Director and/or Board Chair, confirm they are authorized to and do so commit the grantee to abide by the following grant terms and conditions:
- Grant dollars will be used only for the purpose(s) described in this application.
 - Grant dollars may not be used to participate or intervene in political campaigns or to support an attempt to influence legislation except to the extent that such activities are permissible under IRS rules for 501(c)(3) charitable organizations.
 - Expenses charged against this grant may not be incurred prior to the receipt of the grant award or after the grant's approved end date. A request for extension of the grant end date must be submitted in writing and is subject to approval.
 - Funding for each year of a multiple-year commitment is contingent on committee approval of any written progress reports or face-to-face interviews.
 - Future grants are contingent on committee approval of written progress reports or face-to-face meetings.
 - Additional terms, conditions or contingencies may be requested in a signed agreement before releasing grant funding.
 - The approved program and the terms and conditions of this agreement are subject to modification only with prior written approval.
 - Unused grant dollars **MAY NOT** be reallocated without expressed permission from the Community Foundation for the Fox Valley Region.
 - **The grantee shall return any unused funds** at the end of the grant period, or if the Community Foundation for the Fox Valley Region determines the grantee has not performed as set forth herein, or if the grantee loses its status as a public charity.

Non-discrimination

By checking this box, the applicant organization confirms it is in compliance with the Community Foundation's Non-discrimination Policy, as follows:

The Community Foundation and its geographic affiliates in Chilton, Clintonville, Shawano and Waupaca seek to promote respect for all people. In our Unrestricted and Field of Interest grant programs, the Foundation will not knowingly support organizations whose programs or services are not open to all without discrimination on the basis of race, color, religion, gender, national origin, ancestry, age, medical condition, disability, veteran status, marital status, sexual orientation, or any other characteristic protected by law. We recognize that organizations may identify special needs in the community and target programs or services to a specific population based on those needs; however the programs must be open to all people in those targeted populations to be eligible for grant consideration.