

**2020 Grant Application**

**Basic Human Needs Priority Area Funding Cycle**

Please note that this grant application is for [The Lake County Community Foundation’s](https://www.lakecountycf.org) Basic Human Needs Priority Area Funding Cycle. The cycle for our Early Childhood Education, Leadership Development and Animal Welfare priority areas will open on July 15, 2020. For more information about the Foundation’s funding guidelines and timelines, please click [here](https://www.lakecountycf.org/how-to-apply/).

Please fill out all questions in the application below and email in ***Word*** format to [Emily@lakecountycf.org](mailto:Emily@lakecountycf.org). Include all other required attachments in ***PDF*** format. ***Please keep your answers succinct.***

**See the checklist on the last page of this document to ensure that you include all required information and attachments. Failure to include all required information may lead to disqualification. Please direct all questions to Emily Weber at** [**Emily@lakecountycf.org**](mailto:Emily@lakecountycf.org) **or 847-377-0520 X24.**

**Applications for the Basic Human Needs Priority Area are due by 11:59 p.m. on Monday, March 2, 2020 via email to Emily Weber at** [**Emily@lakecountycf.org**](mailto:Emily@lakecountycf.org)**.**

# **Organizational Information**

**Are you a 501c3? If no, please ask your fiscal sponsor to fill out the Fiscal Sponsor Organizational Profile Form** [**here**](https://www.lakecountycf.org/wp-content/uploads/2020/01/2020_LCCF_Organization-Profile-for-Fiscal-Sponsor.docx) **and attach with your proposal submission. Fill out any information pertinent to your organization below.**

1. Organization Legal Name:
   1. Organization Doing Business As (DBA) Name:
2. EIN:
3. Mailing Address:
4. Staff Contact Name and Title:
   1. Staff Contact Phone:
   2. Staff Contact Email:
5. Signatory (Please enter the most senior executive for your organization. This individual must be authorized to sign contracts for your organization):
6. Year Established:
7. ***IF*** using a fiscal agent:
   1. Fiscal Agent Legal Name:
   2. Fiscal Agent EIN:
   3. Fiscal Agent Signatory Full Name:
   4. Fiscal Agent Signatory Title:
   5. Fiscal Agent Signatory Email:
   6. Fiscal Agent Mailing Address:
   7. Attach a Fiscal Agent Letter of Agreement
8. Provide links to your website and social media accounts:
   1. Website:
   2. Facebook:
   3. Twitter:
   4. Instagram:
   5. YouTube:

**Community Served**

1. Please briefly describe the demographics of the people that your organization serves, including approximately how many people you serve in a year and the locations in which you serve (either specific communities or countywide).

**Organizational History and Strategic Fit**

1. Provide your organization’s mission and vision statement.
2. Provide a brief summary of your organization's history.
3. Briefly describe your organization's current programs and activities.
4. Describe any internal and external efforts your organization is currently undertaking or plans to undertake to incorporate diversity, equity, and/or inclusion (DEI) into its policies, practices, and programs.
5. Describe how the demographics of the community and/or individuals that your organization serves are reflected in the composition of your staff and board.

**Board, Leadership and Staff**

1. Executive Director/President/CEO Name:
2. Provide ***brief*** bios for your organization’s Executive Director/President/CEO as well as any key leadership or staff members who will be responsible for your proposed scope of work. ***Please include all bios in one PDF document as an attachment.***
3. Complete the board member chart below. *Right click and select “insert row below” for additional rows.*

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| --- | --- | --- |
| **Board Member Name** | **Role on Board** | **Professional Affiliation** |
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1. Complete the staff and board demographics chart for your organization below.

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| --- | --- | --- | --- |
|  | **Board**  (Staff should not be included as part of Board totals) | **Total Staff**  (Includes senior staff. Do not include volunteers) | **Senior Staff** |
| Female |  |  |  |
| Male |  |  |  |
| **Gender Total** |  |  |  |
|  |  |  |  |
| American Indian or Alaskan Native |  |  |  |
| Asian |  |  |  |
| Black or African American |  |  |  |
| Native Hawaiian or other Pacific Islander |  |  |  |
| Caucasian |  |  |  |
| Hispanic or Latino |  |  |  |
| Other |  |  |  |
| **Ethnic Total** |  |  |  |
| Persons with disabilities (voluntary disclosure) |  |  |  |
| Veterans (voluntary disclosure) |  |  |  |

**Financials**

1. Please include the following financial attachments in PDF format:
   1. Current year’s Operating Budget to include both projected expenses and revenues.
   2. Year-to-date Statement of Financial Position (Balance Sheet)
   3. Year-to-date Statement of Activities (Income Statement)
   4. Most recent Audited Financial Statements or your most recent 990 if no audit is completed.
   5. Final financial statement for the year just completed (if not audited and already provided in section d, above).
2. Organization Fiscal Year: start date – end date:
3. List your combined revenues, expenses (including program, general, administrative, and fundraising expenses/revenues), surplus, deficit, and net assets.

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| --- | --- | --- | --- |
|  | **Year prior to most recently completed fiscal year**  (should have audit or 990 completed) | **Most recently completed fiscal year**  (does not need to be audited yet) | **Current fiscal year budget**  (entire year, not year to date) |
| Year |  |  |  |
| Audited (yes or no) |  |  |  |
| Revenue |  |  |  |
| Expenses |  |  |  |
| Surplus/(Deficit) |  |  |  |
| Net Assets |  |  |  |
| What is the percentage of administration costs for your organization’s budget? |  |  |  |

1. If there is a deficit or other major changes over the past three years, please explain why.
2. Funding sources: For the previous year, please provide the names and dollar amounts of the top five sources of funding for your organization, including government contracts, foundations, corporations, individual donors and earned income.

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| --- | --- | --- |
|  | **Name** | **Amount** |
| Source 1 |  |  |
| Source 2 |  |  |
| Source 3 |  |  |
| Source 4 |  |  |
| Source 5 |  |  |
|  | **Total** |  |

# **Application Questions**

**Application Summary**

1. Project Name:
2. Application Summary Statement (100 words or less describing what you plan to do and how you plan to do it):
3. What is the timeframe of your project – Start Date to Completion Date?:
4. Total Project Budget:
5. Grant Amount Requested:
6. Are you requesting support for a specific project/initiative **or** general operating support?:
   1. Describe the geographic area served by this request for funding.
   2. Describe the population that will be served by this request for funding.
   3. Describe in 1-2 sentences how Foundation funds would be spent if granted.

**Project Details**

1. Executive Summary: In 3-4 paragraphs please provide a summary of your project, including the need your request seeks to address, projects goals, timeline and intended outcomes. Please be succinct.
2. **If** this is a request to support a specific project/initiative, is this a new project, existing project, or expansion of an existing project?
3. Needs Statement

**For project/initiative-based funding requests:** Describe the specific issue or need to be addressed with your project/initiative. Include why now is the right time for your organization to work on this issue and how it fits into your organization’s strategic plan and goals.

**For general operating support funding requests:** Describe the needs or issues that are addressed by your organization’s key programs and initiatives.

1. **For project/initiative-based funding requests:** List the goals of your specific project.

**For general operating support funding requests:** List your organization’s major goals that you intend to reach during the grant period.

1. Complete the activities table below

**For project/initiative-based funding requests:** List project activities, the reasons for undertaking them and the timeline that you plan to follow.

**For general operating support funding requests:** List your organization’s activities that are most pertinent to how you would spend the requested general operating support.

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| **Activities** | **Reason for Undertaking Activity** | **Timeline** |
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1. **If** relevant to your organization’s target population or specific project design, describe your staff's cultural and/or language competency and your organization's strategy or unique positioning to reach and serve non-English-speaking clients and/or other highly impacted, underserved groups.

**Partners and Resources Committed**

1. Please complete the partners table below. Indicate the name of any partnering organizations that have confirmed their commitment to either your specific project if this is a project/initiative-based request or partnerships that are relevant to your broader organization if this is a general operating support request. Indicate the type of resource that has been committed (money, in-kind, equipment, building space, volunteers, service/skills, etc.), then describe the resources committed (amount of money, type of equipment, etc.).

***Please note that the Foundation highly values collaborative work!***

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| **Partner Organization** | **Type of Resource Committed** | **Description** |
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**Outcomes and Learning**

1. Complete the outcomes table below with ***3-5 outcomes*** and associated outputs and measures.

**For project/initiative-based funding requests:** List outcomes, outputs and measures for your specific project/initiative.

**For general operating support funding requests:** Identify the organizational outcomes, outputs and measures that you are committed to achieving during this grant period.

***Please see the example with definitions of “outcomes” and “outputs” below:***

* ***The Foundation defines an outcome as the level of performance or achievement that occurred because of the activity you provided.***
* ***An output tells the story of what you produced or your organization’s activities. It doesn’t address the value or impact of services for your clients.***

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| --- | --- | --- |
| **Outcomes** | **Outputs (Activities)** | **Measures** |
| **EXAMPLE:** Adults at risk of chronic disease will ***improve knowledge*** of healthy eating through Whole Body Approach classes | - 10 Whole Body Approach classes will be provided  - 100 people will participate in WBA classes | Pre and post surveys |
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1. In 1-2 sentences, describe the anticipated impact of your specific project/initiative **or** for general operating support requests, describe what impact those funds would have on your work and population served.
2. In one paragraph or less, describe the project evaluation approach and methodology. If an external evaluator will be engaged, list who they are if already engaged and describe their scope of work.

**Budget**

1. For project/initiative-based funding requests, please fill out the project budget form below. For general operating support, your organizational financials are sufficient and you **do not need** to fill out the form below. *(Right click to add or delete rows)****Hint: Your total revenue should be equal or greater than your project budget.***

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| --- | --- | --- |
| **Revenue** | **Revenue Requested**  (Funds you have requested from various sources to support your project) | **Revenue Committed**  (Funds that you have confirmed have been committed to support your project) |
| The Lake County Community Foundation |  | *LCCF has not committed* |
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| **Total Revenue** |  |  |
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| **Expenses** | **Project Expenses**  (The total expenses of your project) | **Foundation Funds**  (Indicate which funding categories and the amount where you plan to spend LCCF funds) |
| Salary/Wages |  |  |
| Fringe Benefits |  |  |
| Contract Services /Professional fees |  |  |
| Facilities |  |  |
| Equipment/Supplies |  |  |
| Staff/Board Development |  |  |
| Travel/Related Expenses |  |  |
| Fundraising |  |  |
| Indirect Costs |  |  |
| Other |  |  |
| **Total Expenses** |  |  |

***Hint: The total expense under the “Foundation” column should be equal to your grant request.***

1. Please provide a budget narrative explaining each line item in the budget. Include clarification of any expenses listed as “Other.”

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**Check List**

Please do not include this checklist when you submit this application, but use it as a tool to ensure that you are attaching all required supplemental documents. Failure to include all requested documents may result in your application being disqualified.

**Did you attach?**

If applicable, your Fiscal Sponsor Organizational Profile Form

If applicable, your Fiscal Agent Letter of Agreement

Brief bios for your CEO/Executive Director/President and key leadership/staff who will be responsible for your proposed scope of work. Please include all bios in one PDF document as an attachment.

Current year’s Operating Budget to include both projected expenses and revenues.

Year-to-date Statement of Financial Position (Balance Sheet)

Year-to-date Statement of Activities (Income Statement)

Most recent Audited Financial Statements or your most recent 990 if no audit is completed.

Final financial statement for the year just completed (if not audited).

**If you’ve double checked that you have filled out all required questions and included all required supplemental attachments, please email your application package to Emily Weber, Manager of Community Leadership and Investment, at** [**Emily@lakecountycf.org**](mailto:Emily@lakecountycf.org)**.**