

2022 February General Grant Cycle Application

Community Foundation of Lorain County

Please do not hesitate to contact the Community Foundation of Lorain County with any questions about your grant application. It may be helpful to read through all the questions and to organize your answers accordingly.

- If you have technical questions regarding uploading a document, logging into the system or processing your application, please contact Missy Timko at 440-984-7390 or mtimko@peoplewhocare.org.

Each field presents a character limit, however do not feel you need to use the maximum character amount for your answer.

Applications are due February 1, 2022 11:45pm.

General Information

Organization Name as registered with the Internal Revenue Service*

1.

Character Limit: 100

DBA Name (doing business as)

2. If applicable.

Character Limit: 250

Organization website

3.

Character Limit: 2000

Mission Statement of the organization*

4.

Character Limit: 1000

Geographical Area Served by Organization*

5a. Select the primary service area(s) for the project being considered.

Choices

Lorain County

Amherst

Avon

Avon Lake

Elyria

- Grafton
- Kipton
- LaGrange
- Lorain
- North Ridgeville
- Oberlin
- Rochester
- Sheffield
- Sheffield Lake
- South Amherst
- Vermilion
- Wellington
- Amherst Township
- Brighton Township
- Brownhelm Township
- Carlisle Township
- Columbia Township
- Eaton Township
- Elyria Township
- Grafton Township
- Henrietta Township
- LaGrange Township
- New Russia Township
- Penfield Township
- Pittsfield Township
- Rochester Township
- Sheffield Township
- Wellington Township

Multiple Locations

5b. If your organization provides services at more than one location, please list them.

Character Limit: 1000

This request for grant funds aligns with one of the following program areas:*

6. Please use the categories found in your IRS filing or the National Taxonomy of Exempt Entities.

Choices

- Art and Culture
- Education and Youth
- Health and Human Services
- Strengthening Our Community

Type of Request*

7. Grant applications for ongoing programs are considered to be applications for general operating support.

Choices

General Operating Support
Short-term project support for the organization
Strategic initiative

Program/Project Title*

8. Please list the name of the project/program. If you are applying for general operating support, please write "General Operating."

Character Limit: 75

Executive Summary*

9. Provide a brief description of the project or the need for general operating funds. Keep in mind, our donors may read the executive summary and not be familiar with your organization. Be concise but thorough. Please touch upon the following in your summary:

- The overarching goal of both the project/program and the organization, along with key activities that will accomplish your goal
- Who will be involved in the project/program
- Measurable outcomes
- Timeline for completion
- List state and national certifications

Character Limit: 10000

Program/Project Budget Amount*

10. If requesting general operating support, please enter the organization's current fiscal year budget amount here.

Character Limit: 20

Requested Grant Amount*

11.

Character Limit: 20

Program/Project Budget*

12.

- Upload your most current budget in the format used in your organization - OR -
- Download and complete this project budget and upload it to the system
 - Please list all project line items and complete the narrative column to clarify any line items that are not obvious.
 - If you are seeking general operating support, please use this template to list operating expenses the requested grant would support.

File Size Limit: 1 MB

Grant Term*

13. Please indicate the number of months for funding: 12 months or 24 months.

Please note that a two-year funding cycle may be considered, but is not guaranteed. If you select 24 months, please upload a two-year project budget, and note first and second year budgets.

Choices

One Year Term

Two Year Term

Staff Grant Recommendation

Character Limit: 20

Staff Notes

Character Limit: 10000

Letters of Support*

14. Letters of support are from other organizations that refer clients to you or collaborate with you on projects. If providing multiple letters, please combine them into one file and upload them together. Letters from your Board, employees, or Executive Director do not qualify.

File Size Limit: 3 MB

How do Lorain County residents find out about your programs?*

15.

Character Limit: 5000

History of Organization*

16. When was your organization incorporated? How has your organization changed since it was incorporated?

Character Limit: 5000

Demographics

The Community Foundation of Lorain County is interested in better understanding the demographics of the individuals who access the services we fund.

The information in this section should reflect the individuals you served last year in Lorain County only.

- If you are applying for general operating support or ongoing program support, please provide the demographics of your Lorain County clients overall.
- If this is a new program, estimate the number of Lorain County clients you will serve.

How many unduplicated Lorain County residents did your organization serve in the last fiscal year?*

17. Count each person once even if you provided assistance to this person more than once.

Character Limit: 250

Population Served*

18. Please describe the population you are planning to serve with this grant request.

Character Limit: 5000

Demographic Tracking*

19. Explain how your organization tracks demographics of your program participants. For example, if you have a program serving youth and the youth group does service projects, give us the demographics of the youth in the program, not for the people who attended the service project.

Character Limit: 1000

In the sections below, please enter approximate percentages to show populations served by the program.

20. If you do not track a particular demographic category, please put zero. Each section should add up to 100%.

Example:

Male: 65%

Female: 30%

Gender Non-Comforming: 5%

Unknown: 0%

Youth up to 18 years*

Character Limit: 6

Adults 18-64*

Character Limit: 6

Adults 65+*

Character Limit: 6

White*

Character Limit: 6

African American*

Character Limit: 6

Latinx*

Character Limit: 6

Native American*

Character Limit: 6

Asian/Pacific Islander*

Character Limit: 6

Other*

Character Limit: 6

Unknown*

Character Limit: 20

Male*

Character Limit: 6

Female*

Character Limit: 6

Other/Gender Nonconforming*

Character Limit: 6

Unknown*

Character Limit: 3

Employed*

Character Limit: 6

Unemployed*

Character Limit: 6

Unknown*

Character Limit: 3

Homeless Clients*

Character Limit: 6

Unknown*

Character Limit: 3

Federal Poverty guidelines*

21. Do you determine client eligibility in relation to the Federal Poverty guidelines? What threshold do you use? What portion of your clients meet these guidelines?

Character Limit: 1000

How does your organization reach diverse audiences and ensure equity in your program delivery?

22. Please share specific strategies your organization is using.

Character Limit: 5000

Community Impact & Program Evaluation

If funded, how many Lorain County residents will be served by this grant?*

23. This is the number of participants in the program. For example, if this is an arts project, please give us the number of participants performing or attending classes, not the audience.

Character Limit: 100

What does this number represent?*

24. Is this a duplicated or unduplicated number? Do you have any data regarding the total number of individuals who are eligible for your program?

Character Limit: 100

Community Need*

25. Explain how your program impacts (or will impact) local conditions.

- Provide hyperlinks to research or data (local, state and/or national) to support your program/project purpose and design using the link fields below (possible sources of data include US Census Bureau, American Community Survey, AmericanFactFinder and Robert Wood Johnson Foundation County Health Rankings & Roadmaps).
- Include census and/or recent community study data that supports/documents unmet needs/gaps in service your program/project is intended to address.
- Note if there is a wait list and the number on the wait list for this or like services in your community.

Character Limit: 10000

Link 1

Character Limit: 2000

Link 2

Character Limit: 2000

Strengths of the Organization*

26. How is your organization positioned to address this need? Describe your organization's unique services within the community you serve.

You might list:

- similar organizations with which you collaborate
- evidence of overall effectiveness based on achievement of annual organizational goals
- why your organization is uniquely positioned to address community need or benefit
- how your organization/program differs from similar existing organizations/programs
- evidence of best practice (national standards)
- copy of another grant report describing outcomes
- if this is a pilot project, what evidence is there to support the new approach?

Character Limit: 10000

Challenges*

27. What could impede service delivery or program/project impact, such as the continued impact of the pandemic?

Character Limit: 10000

Client Feedback*

28. What types of feedback have you received from clients? How do you utilize client feedback into the program design?

Character Limit: 5000

The next several questions have to do with the intended results and evaluation of this project. Only one set of intended outputs/outcomes/measures of success is required; however, you may add up to two sets total, if applicable.

- **Outputs= tangible and direct results of program (# of participants, service hours)**
- **Outcomes = observable, measurable changes stemming from outputs (change in behavior, condition or learning)**
- **Measures of success = tools used to determine outputs and outcomes (survey items, focus groups, interviews, observations)**

If you have any questions regarding the evaluation portion of the application (questions 29 - 32), please contact Jamie Simoneau, Program Evaluation & Officer at 440-984-7390 or jsimoneau@peoplewhocare.org. You may also watch our recent webinar to better understand the *Outputs, Outcomes, Measures of Success* evaluation process.

Evaluation*

29. Is this program an evidence-based practice? Please describe the model or study.

Character Limit: 10000

Intended Output #1*

30a.

Character Limit: 1000

Intended Outcome #1*

30b.

Character Limit: 1000

Measures of Success #1*

30c.

Character Limit: 1000

Intended Output #2

31a.

Character Limit: 1000

Intended Outcome #2

31b.

Character Limit: 1000

Measures of Success #2

31c.

Character Limit: 1000

Organization Information

Number of paid full time staff*

32a.

Character Limit: 10

Number of part time staff*

32b.

Character Limit: 10

Number of volunteers*

32c.

Character Limit: 10

Does the organization have independent voting board members?*

33.

Choices

Yes
No
N/A

Please upload your current Board roster.*

34.

File Size Limit: 3 MB

Does your Board, staff & volunteers reflect the general demographics of the county?*

35. In the space below, please provide percentages by race for your Board, staff, and volunteers combined.

Example:

- White 40%
- African American 30%
- Latinx 20%
- Asian/Pacific Islander 0%
- American Indian 0%
- Other 10%

Character Limit: 1000

How is your organization increasing diversity, equity and inclusion within your Board and staff?*

36. Please share specific strategies your organization is using.

Character Limit: 5000

What are the term limits for the Board of Directors?*

37.

Character Limit: 500

Frequency of Board Meetings*

38.

Character Limit: 100

Does the organization keep minutes to document board meetings?*

39.

Choices

Yes
No
N/A

Are any key employees related to a Board Member?*

40.

Choices

Yes

No

N/A

Signed Letter from the Board of Directors*

41. Letters must be signed by both the organization Chief Executive and the Board Chair/President authorizing your grant request.

*File Size Limit: 1 MB***Strategic Plan**

42. If your strategic plan has been updated since your last grant request, please upload it here.

*File Size Limit: 5 MB***Please upload a copy of your Policies and Procedures or Bylaws.**

43. These are policies that address governance. The date when they were last revised should be on the cover. If your Bylaws have been updated since your last grant request, please upload them here.

*File Size Limit: 5 MB***Does the organization have a written conflict of interest policy?***

44.

Choices

Yes

No

N/A

Please upload a copy of your Non-Discrimination Policy.*

45.

*File Size Limit: 5 MB****Financial Information*****When does your fiscal year begin and end?***

46.

Character Limit: 30

Total Organization Budget Amount*

47. Please list the total amount of expenses for the organization as listed on your current budget.

Character Limit: 20

Organization Budget*

48.

- Upload your organization's profit and loss statement in the format used by the organization - OR -
- Download and complete this Profit and Loss Statement which has four tabs at the bottom.
 - Tab 1: List the organization's actual revenue and expenses for the preceding two years in addition to the budget and year-to-date financial activities for the current fiscal year. Please modify this template as needed to meet your organization's circumstances. For example, you can rename the line items.
 - Tab 2: Complete the Profit-Loss narrative.
 - Tab 3: List foundation grants for the past two years with individual amounts.
 - Tab 4: Fundraisers

If you are working with a Fiscal Sponsor, upload their three-year Profit-Loss Statement here.

File Size Limit: 1 MB

Audited Financial Statement and Management Letter

49. Please provide most recent Audited Financial Statement and Management Letter/Notes.

If your organization does not have a financial audit, a financial review or financial compilation is acceptable as well. If your organization has been unable to have a financial audit, review or compilation conducted, you may leave this question blank.

If you are working with a Fiscal Sponsor, upload their audited financial statement here.

Character Limit: 50 | File Size Limit: 5 MB

Current Form 990*

50. Form 990 is due on the 15th day of the 5th month following the end of the organization's taxable year. Please include all schedules.

If you are working with a Fiscal Sponsor, upload their Form 990 here.

File Size Limit: 10 MB

Board Giving*

51. Does your organization have 100% participation in board giving?

Choices

- Yes
- No

Sources of Income

52. Please give us approximate percentages for the following from the most recent complete fiscal year (these should add up to 100). Please insert 0 if N/A.

Example:

- Board Contributions: 5%
- Corporate Funding: 10%
- Fundraising: 50%
- Grants: 25%
- Earned Income: 10%
- Government Contracts: 0%

Board Contributions*

Character Limit: 20

Corporate Funding*

Character Limit: 20

Earned Income*

Character Limit: 20

Endowment Funding*

Character Limit: 20

Foundation Funding*

Character Limit: 20

Fundraising/Special Events*

Character Limit: 20

Government Grants and Contracts*

Character Limit: 20

Individual Contributions*

Character Limit: 20

Program Fees*

Character Limit: 20

United Way Giving*

Character Limit: 20

Other*

Character Limit: 20

In-Kind*

Character Limit: 20

Sustainability*

53. Describe your organizational plan for future success and financial sustainability in both the short-term and long-term (e.g., What, if any, amount do you have in reserve? How many months of operation will your reserve support?) Please provide a list of committed and pending funding for the project for the fiscal year during which the project will be conducted.

- Short-term = committed and pending funding for the program/project for the current fiscal year (sources and amounts).
- Long-term = strategies established by the board or in place to generate sustaining revenue.

Character Limit: 5000

Non-Grant Making Assistance*

54. In what ways, other than grant making, could the Community Foundation of Lorain County assist you with this project (i.e., convening, promoting collaboration, professional development, research/knowledge sharing)?

Character Limit: 3000

Additional Information

55a. Please attach any pictures or articles to help describe your project.

File Size Limit: 5 MB

Additional Information

55b. Please attach any pictures or articles that help describe your project. This appears to be a duplication of the question above but the purpose is to allow you to upload more information if needed.

File Size Limit: 5 MB

Fiscal Sponsor*

56. Please indicate if you are using a fiscal sponsor.

Choices

No

Yes

IRS NTEE Code (this is not your EIN). You can use the link below to look up your NTEE code.*

57. <https://501c3lookup.org/>

Character Limit: 50

Fiscal Sponsor Information

Name of Organization (Fiscal Sponsor)

58.

Character Limit: 100

CEO/President/Superintendent/Executive Director (Fiscal Sponsor)

59.

Character Limit: 100

Phone Number and extension (fiscal sponsor)

60.

Character Limit: 20

Email Address (fiscal sponsor)

61.

Character Limit: 50

Letter of Support from Sponsoring Agency

62.

File Size Limit: 2 MB

Please note: In the File Uploads section of this application, please ensure you are uploading your fiscal sponsor's documents.