

IMPACT 100 Owensboro - \$100,000 Grant Application

Section One

Focus area designation for your application (select one):

Culture Education Environment & Recreation Family Health & Wellness

Organization Data

Applicant Organization
(Legal Name): _____

Doing Business As: _____

Previous Name, *if changed*: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email: _____ Web Site: _____

Phone: _____ Fax: _____

IRS Name [as listed on
501(c)(3) letter]: _____

IRS Letter Date: _____ Tax Exempt ID Number (EIN): _____

Executive

Director: _____ Direct Phone: _____

Organization's Budgeted Expenses
for Current Year: _____

Endowment Size: _____

Organization's Major Funding Sources: _____

Organization's Affiliation and/or Accreditation Body [check all that apply]

United Way Fine Arts Fund Better Business Bureau

Chapter of national or regional organization (specify): _____

Other (Specify): _____

Request Data

Program/Project Title: _____

Total Budget for this Program/Project _____ (**Total \$100,000**)

Provide Name of Proposal **Contact Person** IF other than Executive Director:

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Community/Countries to be served by this Program/Project: _____

Brief demographic description of population served by this Program/Project: _____

Potential Number to be served by this Program/Project: _____

Type of Grant Request [check all that apply]:

Capital Expenditures Programming Endowment
 Research & Development Collaborative Project/Program

[Both signatures required]

Signature of Executive Director: _____ Date: _____

Signature of Board President: _____ Date: _____

The narratives for **Sections Two** through **Six** should not exceed five pages (Collaborative Projects not to exceed **Seven** pages). Responses must be typed; preferably single-spaced, single-sided and use a minimum of 12-point type. It will help clarify your narrative if you separate the sections with centered headings.

Section Two – Profile of Organization and Grant Project Summary

[This should be a brief profile, preferably less than one page.]

1. Provide a brief summary of the proposed Grant Project.
 2. Give a brief summary of organization's history.
 3. Share the organization's vision/mission.
 4. Give a brief description of current programs/projects and activities.
 5. Describe organization's constituency and geographic region of service.
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Section Three – Statement of Need

1. Provide a statement of community need the proposed program/project is attempting to meet.
 2. Give evidence of that need.
 3. Share how this proposed program/project could complement or enhance the work/efforts of other organizations to respond to the needs you have identified.
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Section Four – Proposed Program/Project Description

1. Describe in detail the proposed program/project, including at least:
 - a. Goals or objectives of the proposal
 - b. Activities to accomplish the program/project *[NOTE: Indicate whether this is a new or an expanded or modified program/project; if expanded or modified, identify how it increases your organization's outreach.]*
 - c. Timetable for implementation
 2. What is the life expectancy of the proposed program/project?
 3. Explain why your organization is especially qualified and appropriate to address this need or benefit.
 4. Describe the impact of this program/project on the community; include at least:
 - a. An estimate of the numbers of persons who could benefit
 - b. Outline of the geographic areas served
 - c. Benefit to the Greater Owensboro area
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Section Five – Evaluation/Assessment

1. How will you define and measure the success/impact of your program/project?
 2. How will you involve those your program/project serves/benefits in the assessment?
 3. How will you use and share the results of your assessments?
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Section Six – Program/Project Funding Plans

1. List other funders to which **this current** proposal has been and will be submitted. For each funder, indicate amount requested and status of request, e.g., request will be submitted, is pending, was funded or was declined. If funded, specify amount of grant.
 2. What other funding do you anticipate for this current proposal? If any, describe. For example:
 - a. Earned revenue
 - b. In-kind support
 - c. Special events
 - d. Fundraisers
 - e. Other
 3. If this will be an ongoing program/project, describe plans and specific sources for future/long-term funding and sources of sustainability.
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Section Seven – Required Financial Attachments

*[Items 1 – 5 **must** each be submitted and clearly identified.]*

1. Submit Statement of Revenue/Support and Expenses for your organization's most recently completed fiscal/calendar year *[see attached example, Form A]*.
2. Submit Balance Sheet for most recently completed fiscal year.
3. Provide your most recent, complete audit, review or compilation including notes. If the organization does not have a third-party report done, then send the most recent IRS Form 990.
4. Send the budget for the current fiscal/calendar year including a column showing the organization's year-to-date status *[see attached example, Form B]*.
5. Submit the **Proposed Program/Project Budget** for your **entire** project *[see attached examples, Form C or Form D for Capital Requests]*. **IF** your project's budget is over the total of the IMPACT Grant, clearly indicate which portions will be funded by the IMPACT 100 Grant. Also specifically indicate how you will fund the balance of the project.

NOTE: Complete Item 6 if there will be ongoing expenses associated with your project which will increase the organization's operating budget by 20% or more, or if this is a new organization.

6. Provide pro forma project budgets for the next three years. The purpose of the pro forma is to show how the organization plans to sustain the project.

NOTE: If your existing financials are in a similar form as the attached example forms, they may be submitted instead.

Section Eight – Required Non-Financial Attachments

1. Include a copy of your IRS letter of determination 501(c)(3).
 2. Include certification that your agency is in good standing with the Commonwealth of Kentucky through proper registration with the Secretary of State.
 3. Provide names, affiliations and demographics of board members.
 4. List key staff members and qualifications or provide an organizational chart.
 5. Add letters of commitment from collaborating or supportive organizations, if appropriate.
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Section Nine – Permission to Video Site Visits

We understand there may be proprietary, safety, confidential or other issues your organization needs to control. Please sign permission for us to video and share your vision with all the IMPACT 100 members so everyone can understand what your organization does, even if you aren't chosen as one of the five finalists. This video will be on a secure site and not visible to the general public.

Section Ten – Wish List for IMPACT 100 Website

We will be posting a Wish List from each organization that submits a ***qualified*** grant application on our website for one year. Please feel free to let the public know what items are needed by your organization.

FORM A
STATEMENT OF REVENUE/SUPPORT and EXPENSE for MOST RECENTLY
COMPLETED FISCAL YEAR

Name of Organization: _____

Time Period: _____

REVENUE/SUPPORT	
Corporate grants	
Foundation grants	
Government grants/contracts/per diem (identify)	
Contributions	
United Way	
Other federated campaigns (identify)	
Fine Arts Funds	
Membership dues	
Special events, fundraisers	
Sponsorships	
Admissions	
Sales, rent	
Revenue, tuition	
Investment income	
Interest, dividends	
Other	
Total Revenue/Support	
EXPENSES	
Salaries	
Employee benefits, taxes	
Professional fees	
Equipment, supplies, materials	
Telephone, utilities	
Postage, mailing	
Occupancy	
Insurance	
Training, staff development	
Travel	
Conferences	
Evaluations	
Other	
Total Expenses	
Revenue less Expenses	

If expenses exceeded revenues/support, please explain. Accompanying narrative is welcome if additional explanation is warranted.

FORM B
TOTAL ORGANIZATION BUDGET FOR CURRENT FISCAL YEAR

Name of Organization: _____

Time Period: _____

REVENUE/SUPPORT	Budget for Year	Year-to-Date (specify date _____)
Corporate grants		
Foundation grants		
Gov't grants/contracts/per diem (identify)		
Contributions		
United Way		
Other federated campaigns (identify)		
Fine Arts Fund		
Membership dues		
Special events, fundraisers		
Sponsorships		
Admissions		
Sales, rent		
Revenue, tuition		
Investment income		
Interest, dividends		
Other		
Total Revenue/Support		
EXPENSES		
Salaries		
Employee benefits, taxes		
Professional fees		
Equipment, supplies, materials		
Telephone, utilities		
Postage, mailing		
Occupancy		
Insurance		
Training, staff development		
Travel		
Conferences		
Evaluations		
Other		
Total Expenses		
Revenue less Expenses		

If expenses exceed revenues/support, please explain how difference will be offset. Accompanying narrative is welcome if additional explanation is warranted.

**FORM C
GRANT PROGRAM REQUEST BUDGET**

Name of Organization: _____

Time Period: _____

<i>Items typical for operating a program – feel free to add more items:</i>	
REVENUES/SUPPORT	BUDGET
Corporate grants	
Foundation grants	
Gov't. grants/contracts/per diem (identify)	
Contributions	
United Way	
Other federated campaigns (identify)	
Fine Arts Funds	
Membership dues	
Special events, fundraisers	
Sponsorships	
Admissions	
Sales, rent	
Revenue, tuition	
Investment income	
Interest, dividends	
Other	
Total Revenue Support	
EXPENSES	
Salaries	
Employee benefits, taxes	
Professional fees	
Equipment, supplies, materials	
Telephone, utilities	
Postage, mailing	
Occupancy	
Insurance	
Training, staff development	
Travel	
Conferences	
Evaluations	
Other	
Total Expenses	
Revenue less Expenses	

If expenses exceed revenues/support, please explain how difference will be offset. Accompanying narrative is welcome if additional explanation is warranted; for example, an explanation of in-kind gifts.

FORM D
GRANT CAPITAL REQUEST BUDGET

Name of Organization: _____

Time Period: _____

<i>Items typical for capital project:</i>	
REVENUES/SUPPORT	BUDGET
Corporate grants	
Foundation grants	
Gov't. grants/contracts/per diem (identify)	
Contributions	
United Way	
Other federated campaigns (identify)	
Fine Arts Funds	
Membership dues	
Special events, fundraisers	
Sponsorships	
Admissions	
Sales, rent	
Revenue, tuition	
Investment income	
Interest, dividends	
Loans	
Tax credits	
Other	
Total Revenue Support	
CAPITAL EXPENSES	
Purchases	
Installations	
Site preparations	
Furnishings	
Professional fees	
Contingency	
Other	
Total Capital Expenses	
Revenue less Expenses	

If Capital expenses exceed revenues/support, please explain how difference will be offset. Accompanying narrative is welcome if additional explanation is warranted; for example, an explanation of in-kind gifts.

TERMS OF GRANT AGREEMENT FOR IMPACT 100

1. Applicant agrees that any grant received from **IMPACT 100** will be expended for the explicit purposes described in the grant proposal. In the event grant monies are to be allocated for any other purpose, agreement must be obtained from **IMPACT 100**.
2. If a grant is received, applicant agrees to credit **IMPACT 100** in the manner identified by **IMPACT 100** in any publications (including annual reports, newsletters) press releases, brochures, videotapes, and other publicity or public relations materials and presentations.
3. Applicant agrees, following expenditure of any grant received, to return a follow-up report to **IMPACT 100**. An itemized budget is part of the report.
4. Applicant agrees to put Yard Signs where visible during times designated by **IMPACT 100** throughout the year.

I, the undersigned, have read and understand the Terms of Grant Agreement, and, should a grant be received, agree to follow its terms and conditions.

Applicant Organization

By _____

Executive Director

Date

SUBMIT THREE complete copies of the application, including all attachments **and** one flash drive containing an electronic copy of the application, to the following address **June 1 at 5 p.m.:**

Tracy Naylor, Grant Chair
c/o Integrative Accounting Solutions
1616 Frederica Street - Next to AAA – Parking and Entrance in Back
Owensboro, KY 42301

Contact Tracy at naylortl@yahoo.com

PERMISSION TO VIDEO SITE VISITS TO SHARE WITH ENTIRE MEMBERSHIP

By signing below you give IMPACT 100 Owensboro permission to record the site visit at your organization and share the recording with all IMPACT 100 members.

Applicant Organization

By _____
Executive Director

Date

WISH LIST FOR IMPACT 100 WEBSITE

The following WISHLIST will be posted on the IMPACT 100 website for one year for all ***qualified*** grant applicants immediately after the Finalists Announcement in August. Please feel free to list items large and small your organization needs. You can list generic items (such as “General office supplies,” “personal hygiene items” with examples) or specific items (“Refrigerator”, “Copier”, “Crayola Washable Crayons”). If you have a very specific item you need, such as a vehicle or particular copier, feel free to post a link address or a detailed description.

The Wishlists will be at this location on the IMPACT 100 website:

<https://impact100owensboro.org/local-impact/>

2020 NONPROFIT WISH LIST

Organization Name:		
Contact Name:		
Office Phone Number:		
Cell Phone Number:		
Email:		
Physical Address:		

- #1
- #2
- #3
- #4
- #5
- #6
- #7
- #8
- #9

Additional Notes or Comments: