**IMPACT 100 Owensboro - Common $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 |  | ***(Full $100,000))*** |
| Provide Name of Proposal ***Contact Person*** IF other than Executive Director: |
| Name: |  | Title: |  |
| Phone: |  | Fax: |  |
| Email: |  |
| Community/Counties 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**

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

1. Give a brief summary of organization’s history.
2. Share the organization’s vision/mission.
3. Give a brief description of current programs/projects and activities.
4. Describe organization’s constituency and geographic region of service.

**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.

**Section Four – Proposed Program/Project Description**

1. Describe the proposed program/project, including at least:
	1. Goals or objectives of the proposal
	2. 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.]*
	3. 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:
	1. An estimate of the numbers of persons who could benefit
	2. Outline of the geographic areas served
	3. Benefit to the Greater Owensboro area

**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?

**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:
	1. Earned revenue
	2. In-kind support
	3. Special events
	4. Fundraisers
	5. Other
3. If this will be an ongoing program/project, describe plans and specific sources for future/long-term funding and sources of sustainability.

**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.*

1. 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.

**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 our 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**

**PROGRAM REQUEST BUDGET**

|  |  |
| --- | --- |
| **Name of Organization:** |  |
| **Time Period:** |  |  |

|  |
| --- |
| *Items typical for operating a program:* |
| **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**

**CAPITAL REQUEST BUDGET**

|  |  |
| --- | --- |
| **Name of Organization:** |  |
| **Time Period:** |  |  |

|  |
| --- |
| *Items typical for capital project:* |
| **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** |  |
|  |  |
| **EXPENSES** |  |
| Purchases |  |
| Installations |  |
| Site preparations |  |
| Furnishings |  |
| Professional fees |  |
| Contingency |  |
| 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.**

**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.

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

Mary Embry, Edward Jones Investments

3811 State Route 54, Suite 104

Owensboro, KY 42303

mary.embry@edwardjones.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

This wishlist will be posted on the IMPACT 100 website for one year for all qualified grant applicants. Please 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”). If you have a very specific item you need, feel free to post a link or a detailed description.

**2019 NONPROFIT WISH LIST**

|  |  |  |
| --- | --- | --- |
| Organization Name: |  |  |
| Contact Name: |  |  |
| Office Phone Number: |  |  |
| Cell Phone Number: |  |  |
| Email: |  |  |
| Physical Address: |  |  |
| #1 |  |  |
| #2 |  |  |
| #3 |  |  |
| #4 |  |  |
| #5 |  |  |