



2016 GRANT APPLICATION Hope Endowment Fund CBJ Social Service Funding



Grant Information Sheet

Thank you for your interest in social service funding from the Juneau Community Foundation. If your organization is seeking support for more than one project/program, please submit a separate Grant Application for each project/program. The **application deadline is March 7, 2016 at 6:00pm**. Awards will be made public by the end of April 2016. Applications should be **delivered or mailed** to the Juneau Community Foundation at 350 N. Franklin St., #4, Juneau 99801. Questions may be directed to Amy Skilbred at 523-5450.

Guidelines for both Hope and SSBG funding

Funds are for community nonprofit organizations providing health and social services to Juneau residents.

- The following types of project will NOT be considered: facility maintenance, acquisition, improvement, or construction;
- Grantees will be required to file an interim and final reports to indicate how funds are used and provide outcomes;
- Grants do NOT have a minimum or maximum funding level;
- An annual granting process will be followed for both funding sources.

Juneau Hope Endowment Fund Guidelines

The Hope Endowment Fund supports programs and projects in the following **6 areas: suicide prevention, hospice, substance abuse, homelessness, mental health, and victims of abuse**. Grants will be given out in April 2016.

- The following projects will NOT be considered: health services that are not directly related to mental health, capital expenditures for housing, or funding for public or private education;
- Approximately \$1,000,000 will be available for funding annually;
- Non-profit 501(c)3 organizations, government entities, and schools demonstrating 3 years of operation in Juneau may apply;
- Coordinated applications with organizations working together are encouraged; grants addressing area priorities are encouraged; the Foundation will provide feedback to all applicants who submitted a letter of interest;
- An organization may be part of more than one project or program;
- Projects can address more than one of the six funding areas.

NOTE: IF YOU CURRENTLY HAVE A JUNEAU HOPE ENDOWMENT FUND GRANT – your **interim report** is due to the Foundation no later than March 7, 2016. The interim report should consist of two additional columns that you add to the Project Outline Table submitted with your 2015 application, and a short narrative following the table, if any explanation is needed. The new column titles are “Actual outputs/outcomes to date” and “Expected completion date.” Please provide the information for each activity. Please update the Project Budget to show how funds were used. If you submitted a report with your letter of interest, no additional report is needed.

CBJ Social Service Grant Guidelines

Approximately \$826,000 will be available after July 15, 2016, subject to funds allocated by the Assembly.

The Social Service grants can fund programs and projects for 501(c)3 non-profit organizations in the following areas:

A. Health:

1. Access to Health Care (affordable health care, insurance coverage)
2. Suicide Prevention
3. Substance Abuse (treatment/prevention)
4. Infants and Toddlers (prenatal care, pediatric care, nutrition)
5. Seniors (access to healthcare, prescription medicine, mobility, end of life care, adult daycare)
6. People with Disabilities (access to care, integration into community)

B. Education:

1. Readiness to Learn (literacy fundamentals for all ages)
2. Early Elementary Performance (reading, writing)
3. Success in High School (dropout/graduation rate, disproportionately)
4. Community Building in Schools (student volunteers, parent engagement)

C. Income Stability

1. Access to Employment (access to childcare, quality of care)
2. Shelter and Housing (supported/transitional housing emergency shelter, cost of living)
3. Poverty (food, clothing, shelter)
4. Young Adult Stability (employment, teen pregnancy)
5. Family Stability (adult/mentor support and availability, domestic violence)

NOTE: IF YOU CURRENTLY HAVE A CBJ SOCIAL SERVICE GRANT - please continue to follow the reporting requirements and any other requirements of those grants with the City and Borough of Juneau. For CBJ Utility Waivers, please use the Waiver application, not this one. Thank you!



**2016 GRANT APPLICATION
Hope Endowment Fund
Social Service Funding**



ORGANIZATION INFORMATION

Name of organization _____

Address of organization _____

City _____ State _____ Zip Code _____ Phone Number _____

Website address _____ Fed. Tax ID # _____

Date of Incorporation _____ Organization status: _____ IRS 501(c)(3) _____ other

Mission of organization:

Name of chief executive _____ Title _____

CEO telephone number _____ CEO email address _____

Contact for this application _____ Contact title _____

Contact telephone number _____ Contact email address _____

FINANCIAL SUMMARY	LAST COMPLETE FISCAL YEAR (actual)	CURRENT FISCAL YEAR (budget)
Total revenue		
Total expenses		

PROJECT OVERVIEW

Project Title _____

Specific purpose for which funds are requested:

Project Start Date _____ Project End Date _____

Amount Requested _____ Total Project Budget _____

Primary Project Area (see Grant Guidelines for Hope and CBJ areas) _____

Signature of authorized official _____ Date _____

Typed name _____ Title _____

Name of Organization _____ **Project Title** _____

ORGANIZATION NARRATIVE

Provide a brief history of your organization, the services you provide (2-3 sentences). Highlight one or two key facts, accomplishments, or programs that you are proud of and why.

BOARD MEMBERS AND BOARD GIVING

Total number of board seats in bi-laws _____ Number of board seats filled _____

Did all board members make a cash contribution to your organization last year? Yes ___ No ___

Board Member	Position on Board

Name of Organization _____ Project Title _____

CONTRIBUTORS

To assist us with understanding where support for your organization comes from please provide the following information for your last complete fiscal year.

FUNDING SUPPORT	APPROXIMATE % OF INCOME	APPROXIMATE # OF GIFTS/GRANTS
Individual contributions		
Corporate/business contributions		
Fundraising benefits		
Foundations		
Earned income		
Endowment earnings		
Government		
Medicaid		
Other (identify sources)		

Organization’s total unrestricted cash reserves at beginning of current fiscal year: \$ _____

FINANCIAL INFORMATION

Please include the following documents with this application:

- Copy of the first page of your most recent 990 Form
- Copy of the Last Fiscal Year Financial Statement
- Copy of the Current Fiscal Year Financial Statement
- Copy of the Current Year Operating Budget

NOTE: Financial Statement consists of Balance Sheet and Profit and Loss Statements from the same time period. Please combine these into one document for each Financial Statement requested. The Budget only requires a budget for income and expenses.

PROJECT INFORMATION

Project Leaders: Briefly describe your project leader(s) and their experience and ability to contribute to the project.

Name of Organization _____ Project Title _____

Project Outline: Please complete by stating each objective and the activities/tasks, timeline, responsible party, and outputs that will be completed to meet each objective. Projects will typically have more than one objective. Each activity should be chronological under that objective. Outline can be in landscape page orientation. Please call Amy Skilbred 523-5450 if you have questions. (Please **delete** example from your application.)

Example

Timeline	Activity	Responsible Party	Measurable Output
<i>Objective: Provide services to 40 more people.</i>			
<i>Week 1</i>	<i>Put notice to hire .5 FTE in newspaper</i>	<i>Joe Smith/Comm. Dir.</i>	<i>Notice in JE, on KTOO</i>

Timeline	Activity	Responsible Party	Measurable Output
Objective 1:			
Objective 2:			

Name of Organization _____ **Project Title** _____

Project Narrative

Briefly describe your project in approximately 1 page or less. Explain the current situation and the need your project addresses; your plan for addressing this need; your goal; whether your project involves partnerships with other organizations; what success will look like.

Name of Organization _____ Project Title _____

Project Budget

List cost items (e.g., personnel, consultant, travel, supplies, printing, copying, communication) as needed below.	Requested Amount	Other Funds	Total Project Budget
TOTAL	\$	\$	\$

Sources of other funds – name and list each source of revenue	Amount	Indicate whether revenue is pending, committed, secured; whether in-kind or cash.	Anticipated decision date
TOTAL	\$	\$	\$

Budget Narrative

Provide a budget narrative only for those sections of your budget that you believe need additional explanation.

Name of Organization _____ **Project Title** _____

Government Funding Planning

Please provide information on any anticipated reduction in State or Federal funding for the coming year. If you do anticipate a reduction in such funding, what range of reductions do you anticipate (generally)? How do you anticipate your organization absorbing such a reduction (e.g., positions cut, programs reduced, etc.)? How high a priority would your organization place on replacing funds lost through reductions in State or Federal funding? **If your situation has not changed since you submitted a Letter of Interest, please cut and past that information here.**

Multiple applications

Since there is only limited funding available, if your organization has submitted multiple applications, please let us know your funding priorities.