

**2017 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 3, 2017 at 6:00pm**. Awards will be made public by the end of April 2017. 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.

**Eligibility**: In order for your organization/project to be eligible for funding you must meet conditions in (A) and either, (B) or (C).

(A) **Guidelines for both Hope and SSBG funding**

Funds are for community non-profit 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.

Generally, an annual granting process will be followed for both funding sources.

Cooperative proposals including several agencies addressing area priorities may be eligible for multi-year funding.

Grantee must have provided an interim report on any 2016 Hope Endowment or CBJ Social Service grant.

Organizations submitting more than one application MUST indicate priorities for grant awards.

(B) **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.** Non-profit 501(c)3 organizations, government entities, and schools demonstrating 3 years of operation in Juneau may apply. Grants will be given out in April 2017.

* 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;
* Cooperative applications addressing area priorities are encouraged;
* An organization may be part of more than one project or program;
* Projects can address more than one of the six funding areas.

(C) **CBJ Social Service Grant Guidelines**

Approximately $826,000 will be available after July 15, 2017, 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 and 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, disproportionally)  
 4. Community Building in Schools (student volunteers, parent engagement)  
C. **Income Stability**  
 1. Access to Employment (access to childcare, quality of care)  
 2. Addressing poverty through shelter, housing, food, clothing

3. Young Adult Stability (employment, teen pregnancy)  
 4. Family Stability (adult/mentor support and availability, domestic violence)

(D) **Cooperative Proposals Seeking Multi-Year Funding**

Based on your Letter of Interest you will be notified if you are approved for submitting a Cooperative Multi-Year proposal. As this is a new process, we will work with you on any changes that might be needed to this application. If you have questions, please call Amy at 523-5450. Thank you.

**2017 GRANT APPLICATION**

**Hope Endowment Fund**

**CBJ 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

Name of chief executive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEO telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CEO email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact for this application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 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 bylaws \_\_\_\_\_\_\_\_\_ Number of board seats filled \_\_\_\_\_\_\_\_\_\_\_

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

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| **Board Member** | **Position on Board** |
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***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.

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| --- | --- | --- |
| **FUNDING SUPPORT** | **APPROXIMATE % OF INCOME** | **APPROXIMATE # OF GIFTS/GRANTS** |
| Individual contributions |  |  |
| Board Member 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)’s experience and their role in 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*** |
| *Objective: Provide services to 40 more people.* | | | |
| *Week 1* | *Put notice to hire .5 FTE in newspaper* | *Joe Smith/Comm. Dir.* | *Notice in JE, on KTOO* |

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| --- | --- | --- | --- |
| **Timeline** | **Activity** | **Employee Name & Position of Responsible Party** | **Measurable Output** |
| Objective 1: | | | |
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| Objective 2: | | | |
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***Name of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Project Narrative**

Describe your project (1 page or less recommended): Explain the current situation and the need your project addresses; your plan for addressing this need; your goal; whether you project involves partnerships with other organizations; what success will look like.

**Evaluation Information**

Describe how you propose to measure outcomes/measure success: What key issues do you want an evaluation to address? How do you plan to monitor and document program services? What data sources do you have access to and how do you plan to utilize them to measure progress? For multi-year grants: How do you plan to use evaluation information to improve program services? (1 page or less recommended).

***Name of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Project Budget**

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| --- | --- | --- | --- |
| **List cost items (e.g., personnel – list different positions separately, consultant, travel, supplies, printing, copying, communication) as needed below.** | **Requested Amount** | **Other Funds** | **Total Project Budget** |
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| **TOTAL** | **$** | **$** | **$** |

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| **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** |
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| **TOTAL** | **$** | **$** | **$** |

**Budget Narrative**

Provide a budget narrative explaining how you arrived at each line item dollar amount of your budget and clearly identify the number of positions included in your request, if any (go on to next page, if needed).

***Name of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Sustainability**

Provide an explanation of how your organization plans to sustain this project.

**Government Funding Planning**

Please provide information on any anticipated reduction in State or Federal funding for the coming year. If you do anticipation a reduction in such funding, what range of reductions do your 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, you must clearly identify your organization’s priorities, list in order of priority (start with top priority).