



2018 GRANT APPLICATION Juneau Hope Endowment CBJ Social Service Funding

Grant Information Sheet

Thank you for your interest in social service funding from the Juneau Community Foundation. The **application deadline is March 6, 2018 at 6:00pm**. One unbound hard copy of your application should be **delivered or mailed** to the Juneau Community Foundation at 350 N. Franklin St., #4, Juneau 99801. Questions call: Amy Skilbred at 523-5450. Grants are announced in April.

Guidelines for both Hope and SSBG funding

- Funds are for community non-profit organizations providing health and social services to Juneau residents;
- The following projects will NOT be considered: maintaining, acquiring, improving or constructing facilities;
- Grantees will be required to file an interim and final reports on how funds are used and outcomes;
- Approximately \$1.8 million will be available for granting, there is no minimum or maximum funding level;
- An annual granting process will be followed;
- Cooperative proposals - several agencies addressing a priority - may be eligible for multi-year funding;
- All applicants must have provided an interim report on any 2017 Hope Endowment or CBJ Social Service grant;
- Organizations that serve a single population with multiple programs should submit **ONLY** one application.

Juneau Hope Endowment Fund Guidelines

Supports programs and projects in the following areas: suicide prevention, hospice, substance abuse, homelessness, mental health, and victims of abuse.

- 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;
- Non-profit 501(c)3 organizations, government entities, and schools demonstrating 3 years of operation in Juneau may apply;
- 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.

CBJ Social Service Grant Guidelines

Funds programs and projects for 501(c)3 non-profit organizations in the following areas:

- **Health:** access to health care, suicide prevention and substance abuse, infant and toddlers, seniors, people with disabilities.
- **Education:** readiness to learn, early elementary performance, success in high school, community building in schools.
- **Income Stability:** access to employment (childcare), addressing poverty through shelter, food, clothing, young adult stability, family stability

Cooperative Proposals Seeking Multi-Year Funding

Based on Letter of Interest you will be notified if you are approved for submitting a Cooperative Multi-Year proposal. If you have questions, please call Amy at 523-5450. Thank you.



**2018 GRANT APPLICATION
Juneau Hope Endowment
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 _____

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

Please, provide a brief history of your organization and 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 ___

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		
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 Narrative

Describe your project (1 page or less recommended): Explain the current situation, the need and your project plan for addressing this need. If your project involves partnerships with other organizations briefly indicate their roles.

Evaluation Information

Describe how you propose to measure outputs and outcomes: What key issues do you want an evaluation to address? 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

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
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 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 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.**