

**2021 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 5, 2021 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, AK 99801. Questions call: Amy Skilbred at 321-8884. Anticipated date of award announcements: early April, 2021.

**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 interim and final reports on how funds are used and outcomes;
* Approximately $1.7 million will be available for granting, with no minimum or maximum funding level;
* Cooperative proposals - several agencies addressing a priority may be eligible for multi-year funding;
* All applicants must have provided a Letter of Interest and, if applicable, an Interim Report on any 2019 Hope Endowment/CBJ Social Service grant;
* An annual granting process will be followed; organizations should submit ONLY one application.
* Guidelines for the two pools of funding below are to help you determine if your project/program is eligible for funding; you do not select which funds you are applying for.

 **Juneau Hope Endowment Fund Guidelines**Funds support 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.

**2021 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 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, if the activity is repetitive, indicate that it is weekly, monthly etc. rather than listing it several times. 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/Outcome*** |
| *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* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Timeline** | **Activity** | **Employee Name & Position of Responsible Party** | **Measurable Outputs/Outcomes** |
| Objective 1:  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Objective 2: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***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 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.**