2027 GRANT APPLICATION INFORMATION

Juneau Hope Endowment

CBJ Social Service Funding

Thank you for your interest in social service funding from the Juneau Community Foundation.

Email your letter of interest and application to grants@juneaucf.org

Questions call: Amy Skilbred at 907-523-5450 or email at amy@juneaucf.org.

Letters of interest are due by Monday, January 11, 2027 by 6:00pm

Application deadline is Friday, March 5, 2027 by 6:00pm.

Anticipated date of award announcements: May, 2027.

Hope and CBJ SSBG funding info

- Funds are for 501(c)(3) nonprofit 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 outcomes and how funds are used.
- Approximately $2.8 million will be available for granting, with no minimum or maximum funding level.
- Coordinated applications with organizations working together are encouraged
- 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 identify which of the funds you are applying for.

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.

- Non-profit 501(c)(3) organizations, government entities, and schools demonstrating 3 yrs of operation in Juneau may apply;
- Coordinated applications with organizations working together 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

2027 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 _____

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 _____

ORGANIZATION NARRATIVE

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

CONTRIBUTORS

To help us understand where support for your organization comes from, provide the following information from your last 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)		
Total	100%	

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. Combine these into one document for each Financial Statement requested. The budget only requires a budget for income and expenses.

PROJECT INFORMATION

1. **Project Leaders:** Briefly describe the experience of your project leader(s) and their role in the project.

2. Project Outline/Narrative: Outline each objective and the **major** 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 recurring, please indicate the frequency. You may use additional pages.

3. 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).

4. 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	**$**	**$**	**$**

5. 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. You may use additional pages.

6. **Sustainability:** Provide an explanation of how your organization plans to sustain this project.

7. **Government Funding Planning:** 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? 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 paste that information here.