2020 QC Community Foundation Nonprofit Capacity Building Grant

Nonprofit Capacity Building Grant Application Instructions

Nonprofit Capacity Building Grant process

The second step in a Nonprofit Capacity Building Grant application is to submit an application that expands on your successful Letter of Interest (LOI). Application forms are due on May 15 and November 1.

Some information has been carried forward from your LOI. Please edit and expand upon your answers below to give us a full sense of the area of organizational capacity that will be addressed by your project, and how your ability to carry out your mission will be transformed.

All full applications will be evaluated by our volunteer Nonprofit Capacity Building Grants Committee. Applicants will be notified of the grant decisions by mid-June for spring grants and late November for fall grants.

Please visit our webpage What We Look For for information on general grant eligibility requirements and areas not funded by our grants.

Please visit our Nonprofit Capacity Building Grants webpage for a complete program description.

To learn more about the "Copy" feature now available, please watch this video tutorial. This feature allows applicants to copy some answers from one request into another request.

To learn more about the Collaboration feature now available in the online application system, please watch this video tutorial. This feature allows applicants to invite others to see and/or edit requests.

Organization Information

Primary Organization Name

Character Limit: 250

Organization NTEE Code

Please select from the list below what you feel best represents the area your organization works in - or if you know it, your organizational designated NTEE code. Your organization might work in several areas in the list, so please select just one.
Choices
Aging Services
Arts, Culture & Humanities
Childcare
Children & Family Services
Community Improvement & Development
Education & Research
Environment & Animal Welfare
Health
Human Services
Landuse Protection
Philanthropy & Voluntarism
Workforce Development
Youth Development

Board of Directors/Trustees*
Please upload a listing of your organization's board of directors that includes their name, professional/organizational affiliations, and city/state of residence.

Attachments must be in Word or PDF format.
File Size Limit: 3 MB

Geographic Area(s)
What is your service area? Only organizations or projects located in and/or serving Rock Island County, Illinois and Scott County, Iowa are eligible for this grant program.

Choices
Rock Island County, IL
Scott County, IA
Both

Geographic Area Specific
If your organization's service area includes more than the counties described above, or a specific area within the counties described above, please explain.
Character Limit: 500

Mission Statement*
Character Limit: 750
Organization Description*
Please provide a brief, one-two paragraph description of the services your organization provides to carry out its mission.

Character Limit: 1000

Population Served - Number*
Approximately how many people does your organization serve every year?

Character Limit: 100

Population Served - Demographics*
Please provide demographic information on the people you serve on an annual basis. This should include age, gender and ethnicity/race, as well as any other important demographics you track. If you have an online report or webpage that provides this information, feel free to provide the link to it instead of typing the answer out below. If you do not track demographics of the people you serve, please tell us why.

Character Limit: 1000

Inclusion - Organization
1) How does your organization proactively ensure that diverse and underserved populations are welcomed, included, and engaged in decisions that affect them?
2) If this capacity building project will improve your ability to proactively include, engage or welcome diverse and underserved populations, please describe how it will accomplish this.

Character Limit: 1000

Inclusion - Leadership
Please describe how your organizational leadership and/or your governing board does or does not reflect the demographics and experiences of the people you serve.

We understand that the responses to this question will vary greatly. Some organizations have, from the beginning, included the people they serve in their decision-making processes and other organizations have room for improvement. So please be honest and let us know of any plans your organization has regarding this, or if it has reached its goals in this area.

Character Limit: 1000

Organizational Resources*
Please summarize your primary organizational sources of support. Please include financial resources (gifts, revenue, grants, endowments, sponsorships, etc.) and other resources (volunteers, community partnerships in-kind resources, etc.) If applicable, how will this capacity building project leverage or increase any of these resources?

Character Limit: 1500
**Capacity Building Project-related Information**

**Project Name**
What is the name of the project for which you are requesting a grant? The name should include the type of capacity building project, and the area of organization capacity this request will improve.

For example: Strategic Planning consultant to improve QCCF's mission, strategy and program delivery.

*Character Limit: 100*

**Capacity Building Activity**
Select the capacity building activity that best describes your project.

**Choices**
- Board training and education
- Critical equipment needs
- Staff training
- Strategic planning
- Succession planning
- Technology/software needs
- Other assessment, consulting, or facilitation

**Area of Organizational Capacity**
The Community Foundation’s Nonprofit Capacity Building Grant program focuses on capacity-building projects that improve an identified area of organizational capacity, including but not limited to the following.

Please select the primary area of organizational capacity that this project will help you to improve.

**Choices**
- Collaboration
- Communications
- Equity
- Evaluation
- Financial management
- Fund Development
- Governance
- Leadership
- Mission & strategy
- Program delivery
- Other

**Other Area of Organizational Capacity**
If you selected "Other" above, please specify.

*Character Limit: 50*
Project Synopsis
Please provide a short synopsis (no more than 3 sentences) of your grant request - an "elevator speech" - that quickly lets the committee know what you are requesting funding for. This should include the capacity building activity and a succinct description of what will be accomplished with this grant. It is fine to re-use some of the text used in the Project Description below.
*Character Limit: 500*

Project Description*
Please expand upon the project summary you wrote in your LOI by providing more detail on the following:

1) how the project will improve the identified area of organizational capacity,
2) how that increased capacity will improve or transform your organization's ability to carry out your mission
3) a detailed project plan and timeline, and
4) information on who will lead the capacity building project and who will be involved in it.
*Character Limit: 3000*

Organizational Readiness*
Why is this a good time for your organization to take on this capacity building project? What steps have you already taken to identify the need or prepare for this capacity building project?
*Character Limit: 1000*

Supporting Items
If you would like to provide additional information relating to your request, you may include a supporting document of up to 2 pages and/or a URL link. This might include a planning document, a letter of support from a community partner, a video about your organization or program, or other material.

Attachments must be in Word or PDF format.
*File Size Limit: 2 MB*

URL
*Character Limit: 2000*
**Budget and Finances**

**Total Cost of the Project***

Please enter whole numbers only.

*Character Limit: 20*

**Total Amount Requested***

Maximum total amount is $15,000, which may be paid over 1, 2, or 3 years. Please enter whole numbers only.

*Character Limit: 20*

**Type of Request***

If funded, do you expect to request that the funds be paid in a single year, two years, or three years? If you expect the project costs to be expended in more than one year, you should request payments made over multiple years.

**Choices - branched question**

- One year grant
- Two year grant - branched response
- Three year grant - branched response

**Project Budget***

Please attach a line item project budget that lists all expenses and revenue for your project. Please include:

* the specific purpose of Community Foundation funds,
* the sources of other funds to be used for the project, and
* whether other sources of funds are requested or committed.

To see a sample budget format that includes all of the above information please click here. Please note that this template is provided as a guide but is not mandatory to use, so long as the needed information is provided in your own budget format.

Please enter whole numbers only.

**Attachments must be in Word or PDF format.**

*File Size Limit: 3 MB*

**Project Bid Process**

Projects requesting funds for a consultant or outside contracted work are **required** to submit at least one project bid below.

Please describe your selection process below and how you will/did arrive at your decision. If you are not able to provide any project bids at the time of submission, please contact Lisa Stachula: 563-326-2840 lisastachula@qccommunityfoundation.org

*character Limit: 750*
**Project Bids & Other Attachments**
If your organization has made its selection, attach the selected project bid only. If your organization hasn't made its selection yet, please attach up to 3 bids that are under consideration.

*Attachment must be in Word or PDF format. File Size Limit: 3 MB*

**Financial Documents**
Please upload below your organization's Statement of Financial Position (Balance Sheet) and Statement of Financial Activities (Income Statement) for the following 2 time periods:
1) Current Year-To-Date (as recently as your reports have been prepared)
2) Your most recently completed fiscal year

If your organization does not produce these reports, please upload the reports you provide to your Board of Directors for the two time periods stated above. Please do not attach your organization's entire audited financial statement.

If your organization's budget or financial situation requires any further explanation, please use the text box below to provide us with this information.

*Character Limit: 750*

**Year To Date Financial Document Upload**
*File Size Limit: 3 MB*

**Fiscal Year Financial Document Upload**
*File Size Limit: 3 MB*

**2 Year Grant Installments - branched responses**

**Year 1 Amount**
Please enter whole numbers only.
*Character Limit: 20*

**Year 2 Amount**
Please enter whole numbers only.
*Character Limit: 20*

**3 Year Grant Installments - branched responses**

**Year 1 Amount**
Please enter whole numbers only.
*Character Limit: 20*

**Year 2 Amount**
Please enter whole numbers only.
*Character Limit: 20*

**Year 3 Amount**
Please enter whole numbers only.
*Character Limit: 20*
**How did you hear about this grant opportunity?**
*Character Limit: 200*

**Application Length**
Approximately how many hours did it take you to complete this application?
*Character Limit: 2*

**Application Submission Confirmation**

**Choices**
- I have read and understand the grant guidelines.
- I understand that all communication will be emailed to the Applicant email.
- I am authorized by my organization to apply for this grant.
- I understand that if any part of this application is incomplete, it will not be eligible for review.
- If my organization cashes a grant check, it is obligated to use it for the purpose in this request.
- If any grant funds remain unspent, they must be returned to the Community Foundation.