2023 Nonprofit Capacity Building Grant

Quad Cities Community Foundation Grants

Nonprofit Capacity Building Grant Info

The first step in a Nonprofit Capacity Building Grant application is to submit this Letter of Interest form (LOI). We encourage you to reach out to Community Foundation staff before submitting an LOI. Feel free to email Kaleigh Trammell to schedule a time to discuss your proposed project.

The Community Foundation reviews all LOIs and invites full applications from 15-20 organizations per cycle based on eligibility, strength, and fit with the grant program purpose. Invited organizations will be able to provide more detail on their planned project in the full application.

Please Note - The system requires the due date for LOI's to appear as the last of the two deadlines (September 1). To be considered in the Spring round of grants, LOI's are due April 1.

For capacity building criteria, eligibility, and program description please click here.
For more information on general grant eligibility requirements and areas not funded by our grants, please click here.

Organization Charitable Status

Charitable Status*

In order to receive a grant, your organization must be one of the following:
1) Recognized under Section 501(c)(3) of the Internal Revenue Code
2) A government entity or school
3) Have a fiscal sponsor (using another nonprofit’s EIN (employer identification number) to apply.)
4) Agree to expenditure reporting (an agreement to submit specific financial information about how the grant was used)

Please select which option applies to your organization, and see further instructions if you are using a fiscal sponsor or agreeing to expenditure reporting.

If you are unsure how to answer, please contact Kaleigh Trammell (Grantmaking Specialist at the Quad Cities Community Foundation) at grants@qccommunityfoundation.org.
Choices
We are a registered 501(c)3
We are a registered government entity 170(b)(1)(A)(v)
We are a registered school 170(b)(1)(A)(ii)
We are not a registered charitable organization, but we agree to expenditure reporting (see below)
We are not a registered charitable organization, but will use a fiscal sponsor (see below)

Fiscal Sponsor

Fiscal Sponsor Authorization Form*
If your organization does not meet the charitable status criteria, you must either have a fiscal sponsor, or agree to expenditure reporting, in order to be eligible for a grant.
If using a fiscal sponsor: Your fiscal sponsor must complete the Fiscal Sponsor Authorization form below, and the completed form must be attached to this application in order for it to be eligible for funding. If you are awarded a grant, it will be paid to the fiscal sponsor organization, who will be responsible for ensuring the grant is used as stated in the application.

Please download, print and sign this Fiscal Sponsor Authorization Form. Once it is completed, please attach it here. Attachments must be in Word or PDF format.

Expenditure Reporting

Expenditure Reporting*
If your organization does not meet the charitable status criteria, you must either have a fiscal sponsor, or agree to expenditure reporting, in order to be eligible for a grant.
If you agree to using expenditure reporting, please read the expenditure reporting requirements. If you are awarded a grant, you will be required to submit a signed Expenditure Reporting Agreement before the Community Foundation can release any grant funds to your organization.

Choices
I have read the expenditure reporting requirements and agree to using them if awarded a grant.

Organization Information

Organization Category*
Please select from the list below the area that best represents the category your organization works in. We know you may work in several categories in the list; 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

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 and Demographics
Please provide the number of people and any demographic information you collect about 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.

For example,
"Last year, our organization served 200 students ages 5-18. Of those 200, 60% of the students we serve identify as African American, 28% White, and 12% Hispanic. 95% of students come from a low-income household or community."

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

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

Choices
Rock Island County, IL
Scott County, IA
Both
Diversity & Non-Discrimination Policy*
Organizations must comply with our Diversity and Non-Discrimination Policy to be eligible for grant funding. Please click here to read this policy - in particular, Section I - Grants from Discretionary Funds of the Quad Cities Community Foundation.

If your organization does not comply with this policy, please do not submit an application at this time. You may apply in the future should your answer to this question change.

Choices
My organization complies with the policy & is eligible to apply for a grant

Equity - Organization*
How does your organization advance racial and other forms of equity in the Quad Cities region through your actions (your organization’s mission, programs, and activities) and your leadership (the makeup of your organization’s staff, executive leadership, and board)?

Character Limit: 2500

How many individuals does your organization employ?*
Please list the number of full time employees by calculating Full Time Equivalent (FTE). Each full time employee counts as one (1).

If your organization has no paid staff, enter 0.

If your organization employs part-time staff, calculate their FTE by dividing the number of hours they work per week by the number of hours in the work week for your organization.

For example, if you have an employee that works 20 hours of a 40 hour work week, their FTE would be .5.

Character Limit: 20

Board of Directors/Trustees*
In the box below, please list your organization's board of directors/trustees that includes their name, professional/organizational affiliations, and city/state of residence.

Character Limit: 10000
**Project Information**

**Project Name***
The project name helps staff and committee members quickly identify what kind of capacity building request this is. Please include the type of capacity building project, and the area of organization capacity this request will improve. Here is an example:

*Strategic Planning & Technology Upgrades to improve QCCF’s mission, strategy and program delivery.*

*Character Limit: 100*

**What area of capacity do you want to improve at your organization?***
Please select one or two areas of organizational capacity that best describe the area you want to improve. One is required, but you may select two if applicable to your project.

**Choices**
- Collaboration Capacity
- Communications Capacity
- Data Management Capacity
- Equity Capacity
- Evaluation Capacity
- Financial Management Capacity
- Fundraising Capacity
- Governance Capacity
- Leadership Capacity
- Mission & Strategy Capacity
- Program Delivery Capacity
- Other Capacity

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

*Character Limit: 50*

**What activities do you plan to use to strengthen your organization's ability to carry out its work?***
Please select one or two capacity building activities that best describe your project. One is required, but you may select two if applicable to your project. Click [https://www.qccommunityfoundation.org/nonprofitcapacitybuilding](https://www.qccommunityfoundation.org/nonprofitcapacitybuilding) here to learn more about each category.

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

**Project Synopsis***
Please provide a short synopsis (1-2 sentences) of your grant request that tells us what capacity building activity you’ll undertake and how you will do it. This will appear on a summary spreadsheet of applications used for quick reference by staff and reviewers. Consider briefly expanding upon the Project Name, or re-using text from your project description below, whatever works best for you. Here is an example:

"This project provides critical diversity, equity, and inclusion training and tools for staff and board members to increase our capacity to provide equitable and inclusive services for the youth in our community through cultural sensitivity and trauma-informed practices and programs."

*Character Limit: 500*

**Project Description***
This question and answer is copied into the application form to allow for more explanation if an organization is invited to submit a full application, which is why the character count is set at 3500. You are welcome to use the whole field in your LOI, but don’t feel you must.

What capacity building project will this grant make possible, and how will this project increase your organization’s capacity? Please provide a brief summary of your capacity building project that includes:

1. how the project will improve the identified area of organizational capacity,
2. how that increased capacity will improve your organization’s ability to carry out its mission,
3. how you will know that it was successful
4. project plan and timeline, and
5. information on who will be leading the capacity building project and who will be involved in it

*Character Limit: 3500*

**Organizational Priorities and Timing***
Why is it a priority for your organization to take on this capacity building project at this time? What steps have you already taken to prepare for or lay groundwork for this capacity building project?

*Character Limit: 1000*
**Budget and Finances**

**Total Amount Requested**
Maximum total amount is $20,000, which may be paid over 1, 2, or 3 years.

*Character Limit: 20*

**Project Budget**
Please click here to read about eligible and ineligible project expenses before submitting this LOI.

Please provide general information on the project budget. You do not need to provide a complete budget at this time, but please include key line items on revenues and expenses. If invited to apply, you will have the opportunity to provide a detailed project budget.

The grantee may request that the amount awarded be paid in a single year, or be structured as a multi-year grant over two or three years.

*Character Limit: 1000*

**Organization Annual Expenses**
Please share your organization’s **actual expenses** from the previous year’s profit and loss statement. We are looking for the total expenses for the year.

Note: This is for data reporting purposes only, and will be used in an aggregate to determine the effectiveness of this grant program to reach organizations of all sizes. This information will not be visible to grant evaluators.

*Character Limit: 20*

**Submission Questions**

**How did you hear about this grant opportunity?**
Please select all that apply.

**Choices**
QCCF Staff
QCCF Board Member
QCCF Other Volunteer
QCCF Website
QCCF E-newsletter or email
QCCF social media
Colleague/Friend/Word of Mouth
Community Networking Group
Search engine (Bing, Google, Yahoo etc.)
Online news source (QCTimes.com, QuadCities.com, etc.)
Television or radio
Print newspaper
Other

**LOI Length**
Approximately how many hours did it take you to complete this LOI form?

*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 any grant funds remain unspent, they must be returned to the Community Foundation.
- If my organization accepts a grant payment, it must use it for the purpose in this request.