Instructions

Before You Start

Welcome to the 2020 Community Foundation of Western Massachusetts Mission Grants application for programmatic requests. Here are a few tips to keep in mind before you start your grant application.

2. You will find a preview of the Mission grant application for programmatic requests on the Mission Grants page on the CFWM website.
3. You can complete your answers to the narrative questions in a Word document (or similar word processing software) and then copy and paste those answers into your application. Please be mindful of the maximum word count for each question.
4. A Grant Glossary of terms can be found at http://communityfoundation.org/grants/grant_guidance/. If you are unclear about any aspect of the grant application, please send an email to Sheila Toto at stoto@communityfoundation.org.
5. Please be sure to save your application in the portal before exiting out of the application. Once the application is saved, you can return to it by logging into your grants portal at https://www.grantrequest.com/SID_5424/. You will need the user name and password you established for the account.
6. If you experience any technical issues with the application, please contact tech@communityfoundation.org.
7. The application will close at 5:00 p.m. on Friday, February 14, 2020. In order to be considered, your application must be submitted prior to 5:00 p.m. No exceptions will be made so getting your application in ahead of February 14th is always a good idea!

We are here to assist you with the grants process. Please contact us if you have any questions at grants@communityfoundation.org and 413-732-2858 x115.

Benefiting Organization

Benefiting Organization Details
This information pertains to the organization that would receive the funding if granted.

Benefiting Organization's Name
Generally this should be the name on file with the IRS.

Mailing Address

City  State
Postal Code

County
Please select the county where your organization is located.

Physical Address
If different from mailing address, please enter the physical address. Include street, city, state & postal code.

Phone
Please enter in this format xxx-xxx-xxxx.

In 120 words or less, describe your organization.

Website Address

Full Time Employee Count
Enter the number of full-time employees in the organization.

Part Time Employee Count
Enter the number of part-time employees in the organization.

Volunteer Count
Select the range of regular volunteers engaged with the organization.

Organization Top Executive Information
Please enter the following information for the top executive (ex. President, CEO, Executive Director or Board President) of your organization.

Prefix
- Select One -

First Name      Last Name

Suffix
<None>
### Title

### Office Phone
Please enter in this format xxx-xxx-xxxx.

### Extension

### E-mail

## Organization Information

### Organization Tax Information

**Tax ID**

Please refer to IRS 501(c)(3) determination letter. Enter using the following format: xx-xxxxxxxx.

**IRS 501(c)(3) Determination Letter**

If this is the first time your organization is applying for funding from us please attach a copy of your IRS 501(c)(3) determination letter.

## Governance

### Governance

Please attach a list of the current governing board for the 501(c)(3) organization. This list should include the names of board members and their affiliation (i.e. profession and/community represented).

## Organization Finances

### Financial Attachments Required with Application

Below is a summary of required financial documents that must be submitted in order for your application to be considered complete. These will vary by your organization budget size. *NOTE: Please see Glossary provided in Grantmaking Guidelines on CFWM website for more information on definitions.*

**$200,000 or less annual budget must submit:**

- Current fiscal year organization 12 month operating budget;
- 12 month Income & Expense for prior fiscal year;
• Most recent current balance sheet, including year to date expenses.

$200,001 - $500,000 annual budget must submit:
• Current fiscal year organization 12 month operating budget;
• Current reviewed financial statements (from the organization's most recently completed fiscal year);
  NOTE: if reviewed financial statements are not current to the most recently completed fiscal year, the prior year's financially reviewed statement must be submitted along with a 12 month Income & Expense statement for the most recently completed fiscal year. The review must be done by a Certified Public Accountant and in final format (drafts not accepted).

$500,001 + annual budget must submit:
• Current fiscal year organization 12 month operating budget;
• Most recent audited financial statements;
  NOTE: if audit is not current to the most recently completed fiscal year, the prior year's audit must be submitted along with a 12 month Income & Expense statement for the most recently completed fiscal year. The audited financial statements must be done by a Certified Public Accountant and in final format (drafts not accepted). Opinion and management letters should be included.

All applicants please complete below:

Fiscal Year End Date

What is the size of your Operating Budget?
Enter the current fiscal year operating budget amount for the 501(c)(3) organization. Please enter whole numbers only in this format xxx,xxx.

Organization Budget Size
Please choose the budget category which reflects your organization's budget.

Current Operating Budget
Please attach your organization's operating budget that is current as of our February 14, 2020 grant deadline. This budget should include sources of income and expenses and reflect a 12-month fiscal year.

Applicants with an annual budget of $200,000 or less, please submit:
Income & Expense Statement for prior year. (Required)

Most recent Balance sheet. (Required)
Applicants with an annual budget of $200,001 - $500,000, please submit:

Reviewed Financials
Most recent reviewed financial statements must be done by a Certified Public Accountant and in final format (drafts not accepted). (Required)

Income and Expense Statement
If there is a gap year between the current operating budget and the Reviewed financial statements you attached, please include an Income and Expense statement for the period of time not covered by the current operating budget and the reviewed financials.

Applicants with an annual budget of $500,001+, please submit:

Audited Financial Statements
Most recent audited financial statements must be done by a Public Certified Public Accountant and in final format (drafts not accepted), with an opinion letter signed by the CPA. (Required)

Income and Expense Statement
If there is a gap year between the current operating budget and the Audited financial statements you attached, please include an Income and Expense statement for the period of time not covered by the current operating budget and the audited financials.

Program Information

Program Contact
Please enter the following information for the person that is most familiar with the program and the person we should contact if additional information is needed.

Prefix
- Select One -

First Name       Last Name

Suffix
<None>

Title
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<th>Office Phone</th>
<th>Extension</th>
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<td>Please enter in this format xxx-xxx-xxxx.</td>
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<th>Cell Phone</th>
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<td>*Only if used for work purposes. Please enter in this format xxx-xxx-xxxx.</td>
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<th>E-mail</th>
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**Program Information**

Please enter the following information for the program for which funding is being requested.

**Program Title**

Using 10 words or less, how would you like to refer to this program for which you are seeking funding.

**Program Summary**

Please briefly describe your program and its significance in the Pioneer Valley. Include the number of people to be served and the geography targeted.

**Program Start Date**

**Program End Date**

**Program Area**

The funding request primarily benefits which of the following program areas or sectors?

**Age Group**

Primary age group served by this request.

**Gender**

Primary gender served by this request.

**Population Served**

Primary population served by this request.

**Ethnicity**

Primary ethnicity served by this request.

**Number Served**
Number of people directly served by this project.

County Served
Please estimate the % distribution the program will serve in each of the following counties. Cannot exceed 100%.

Program Collaborators
If this program is a collaborative effort, indicate primary collaborators here. Letters of understanding or agreements are required for program collaborators necessary for the implementation of this program.

Letters of Collaboration
These letters or agreements should be from organizations that are integral to the implementation of the program. Do NOT submit general letters of support.

Program Request Financials

Program Request Finances

Program Request Budget
Please enter whole numbers only in this format xxx,xxx.

Grant Amount Requested
Please enter whole numbers only in this format xxx,xxx. Please round to the nearest hundred dollars. NOTE: Maximum amount requested cannot exceed $25,000.

Explain the primary use of requested funds.

Program Request Budget Upload
Attach your program budget here. The budget should include line item expenses and include sources of income. Please indicate which sources of income are pending and which are secured.

Program Request Narrative

Program Request Narrative
Please answer the following narrative questions. Be mindful of the word limitations for each question.

Alignment with Mission
Please explain how this request fits with your organization's mission.
Need for Program
Describe the need or opportunity (community or organizational) for your proposed program.

Program Plan
Briefly describe the program plan, including major activities and timeline.

Personnel
What are the qualifications and role of the personnel directly associated with the program's implementation?

Program Outcomes
What are the program outcomes (e.g. describe what will increase, decrease, improve, reduce, expand, update, upgrade, maintain, start or complete by the end of the project)?

Impact
Please describe the criteria for success. What are the desired short term results of your activities and how will they benefit the community in which they occur?

Evaluation
How will results be measured and evaluated? How will you determine if the program meets your intended program outcomes?

Funding and Sustainability
What other funding sources does this program have? If work is on-going, how will you sustain the program beyond the grant?

While CFWM's goal is to fully fund requests, at times, it may be necessary to partially fund requests due to limited funds. In the event that the request cannot be fully funded, please indicate if the program is still viable. What component(s) of the program would you be able to scale down and still be effective?

Minimum Funding Requested
Please indicate the minimum amount you would need to complete this modified undertaking of the program. (Enter in the following format: $ xx,xxx.00)

The Bigger Picture
What distinguishes the proposal from other similar programs being offered in the Pioneer Valley region?

Closing Comments
Please indicate below if there is anything additional you would like to provide.
Additional Item

If there is an additional required item that you need to attach, please upload here.