

# Flexible Funding 2022

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## *Community Foundation of Western Massachusetts*

### *Instructions*

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Welcome to the Community Foundation of Western Massachusetts' Flexible Funding 2022 grant application.

We are here to assist you with the grants process. If any of the applicant or organization information in the box at the top of the application is incorrect or if you have any questions filling out this application, please contact Margaret Everett at [grants@communityfoundation.org](mailto:grants@communityfoundation.org).

You can also email us at [grants@communityfoundation.org](mailto:grants@communityfoundation.org) to connect with a Program Officer about specific questions related to your organization.

**Flexible Funding 2022** will provide general operating support to nonprofits that benefit our region.

As part of the Foundation's strategic vision, preference will be given to organizations whose missions are in the following areas:

- Diversity, equity, and inclusion in workplaces and institutions, prioritizing racial equity.
- A strong start for all children through high-quality early education and care.
- Accessible and more affordable post-secondary education and training, providing pathways to completion and employment.
- A vibrant local arts and creativity ecosystem to support self-expression, economic vitality and connection.

Preference will also be given to organizations where leadership is racially diverse.

#### **Program Details:**

Eligible organizations:

- must have IRS designated 501(c)(3) status or an established fiscal sponsorship.
- must substantially benefit residents in Franklin, Hampden, and/or Hampshire counties.

There will be a minimum of \$ 2,000,000 for this grant opportunity with a goal of awarding at least 75% of the funds to organizations aligned with the Foundation's stated strategic focus areas.

This opportunity will award general operating support grants of \$30,000. Funds must be expended by December 31, 2023.

**Funding cannot support the following:**

- Expenses that occur outside the 12-month funding timeframe
- Endowments
- Grants to individuals
- Sectarian or religious organizations unless as a fiscal sponsor for a broad community benefit
- Activities intended to directly or indirectly influence legislation or election campaigns.
- Activities related to influencing government policies, permitting, or regulations.
- Higher education scholarships
- Academic research

**Deadline:**

The online grant application will close at 11:59 p.m. EST on September 16, 2022. Technical support is available Monday through Friday from 8 a.m. - 5 p.m.

**Review:**

- Unless there is a question about an application, applicants should not expect to be contacted until a funding decision has been reached.

**Decisions:**

- Funding decisions will be sent via email on or before November 30, 2022.
- Funds for awarded organizations will be released no later than December 15, 2022.

## *Organization Information*

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### **Anti-Discrimination Policy\***

Please click [here](#) to read the CFWM Anti-Discrimination Policy.

I certify that I have read the CFWM Anti-Discrimination policy, and the applying organization complies with this policy. Please choose Yes or No.

#### **Choices**

Yes

No

### **Physical Location of Organization**

Please enter the address of your physical location, if different from your mailing address. If the address is the same, leave this field blank.

*Character Limit: 250*

## Organization's Formal Mission Statement\*

*Character Limit: 750*

## About Your Organization\*

How would you explain who you are as an organization to someone unfamiliar with your work? You may want to include relevant history, current programs, and/or vision statement. Maximum of 3,000 characters including spaces.

*Character Limit: 3000*

We are committed to increasing equity and opportunity so that all who live in the Franklin, Hampden and Hampshire county region have access to a satisfying quality of life.

## Describe Population Served\*

Briefly describe the population you serve. Maximum of 1,000 characters including spaces.

*Character Limit: 1000*

## Program Planning & Decision Making\*

How do you involve the population you serve in program planning and decision-making? Maximum of 3,000 characters including spaces.

*Character Limit: 3000*

## Population Served\*

Primary population served by the organization. Please choose the options which are **predominant**.

### Choices

- At-Risk Youth
- Female and female identified
- Immigrants, Refugees, Migrants
- Incarcerated or formerly incarcerated
- LGBTQIA+
- Male and male identified
- People experiencing homelessness
- People whose incomes are below the federal poverty threshold
- People/persons with disabilities
- Seniors (over age 65)
- Veterans
- General Public or Non-Specific

## Ethnicity\*

Primary ethnicity served by the organization. Please choose the options which are **predominant**.

### Choices

- American Indian or Alaska Native

Asian  
Black or African American  
Hispanic, Latino or Spanish origin  
Hispanic, Latinx or Spanish origin  
Middle Eastern or North African  
Native Hawaiian or Other Pacific Islander  
White  
General Public or Non-Specific

## Organization Structure\*

Please choose one response which best describes your organization's structure. "The organization is...."

### Choices

fiscally sponsored.

a church.

a member of a national organization, but we have our own EIN #.

a program operating as part of a larger organization (EIN# is in the larger organization's name).

designated by the IRS as a 501(c)(3) and we have our own EIN#.

## *Fiscally Sponsored*

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More information about the requirements for fiscal sponsorship can be found on our fiscal sponsorship information page. Fiscal sponsorship documents must be submitted with the application by the due date for the funding opportunity.

If you have any questions about your existing fiscal sponsorship and the required documentation, please contact us directly before submitting your application so that we can answer your questions and help you through the process.

## Proof of Fiscal Sponsorship Form\*

Please complete and upload the Proof of Fiscal Sponsorship form. A copy of the form can be found here.

*File Size Limit: 1 MB*

## Signed Agreement between the fiscal sponsor and the sponsored organization.\*

Please upload the signed agreement (i.e. MOU) between your organization and the fiscal sponsor.

*File Size Limit: 1 MB*

## Copy of the fiscal sponsor's Meeting Minutes or equivalent\*

Please upload a copy of the fiscal sponsor's meeting minutes showing the fiscal sponsor's governing authority approved the agreement *or* a copy of the resolution allowing the 501(c)(3)

organization to act as the fiscal sponsor for the non 501(c)(3) entity *or* a copy of the resolution allowing an individual officer to enter into a fiscal sponsorship relationship.

*File Size Limit: 1 MB*

### **Current audited or reviewed financials\***

Please upload the current **audited** or **reviewed financial statements** (*not a 990 tax form*) for the 501(c)(3) organization that will serve as the project's fiscal sponsor.

**Please upload the current financial statements for the 501(c)(3) organization that will serve as the fiscal sponsor.**

*File Size Limit: 6 MB*

We are committed to working with newer and smaller organizations. If you cannot provide any of the above documents, please reach out to us at [grants@communityfoundation.org](mailto:grants@communityfoundation.org) before submitting your application so that we can discuss alternative documentation.

## *A Church*

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### **What is the name of the larger/overarching religious organization?\***

Please enter the name of the larger/overarching religious organization of which your church is a member (i.e. the Episcopal Dioceses of Western MA, the Unitarian Universalist Association, etc.). Maximum of 250 characters including spaces.

*Character Limit: 250*

### **What is the EIN # for the larger/overarching religious organization?\***

Please enter the EIN# or the Exempt # for the larger/overarching organization of which your church is a member. Please enter the number in the following format: xx-xxxxxxx or xxxx if an Exempt #.

*Character Limit: 15*

### **Church Listing\***

Please provide a copy of the Registry or equivalent showing your church's membership in the larger organization (i.e. the title page and page from the Registry showing your church's listing). If this is not available, please provide a letter of acknowledgement from the larger church stating that you are a member of their organization.

*File Size Limit: 5 MB*

## *Member of a national organization*

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### **Name of national organization\***

Please enter the name of the ***national*** organization of which your organization is a member. Maximum of 50 characters including spaces.

*Character Limit: 50*

### **EIN # of the national organization\***

Please enter the EIN# (provided by the IRS) of the ***national*** organization. Please enter using the following format: xx-xxxxxxx.

*Character Limit: 15*

## *A program operating under/as part of a larger organization*

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### **Name of larger organization\***

Please enter the name of the larger organization (the parent organization) of which this program is a part. Maximum of 100 characters including spaces.

*Character Limit: 100*

### **EIN # of larger organization\***

Please enter the ***EIN # provided by the IRS for the larger organization*** ( the parent organization). Please use the following format: xx-xxxxxxx.

*Character Limit: 15*

### **Name of top executive of larger organization\***

Please enter the ***name of the top executive of the larger organization*** (i.e. the Executive Director, President, etc. of the larger organization). Maximum of 30 characters including spaces.

*Character Limit: 30*

### **Title of the top executive of the larger organization\***

Please enter the ***title of the top executive of the larger organization*** (the parent organization). Maximum of 30 characters including spaces.

*Character Limit: 30*

### **Email address for top executive\***

Please enter the ***email*** address for the ***top executive of the larger organization*** (the parent organization).

*Character Limit: 250*

### **Phone number for top executive\***

Please enter the ***phone number*** for the ***top executive of the larger organization*** (the parent organization). Please use the following format: xxx-xxx-xxxx, ext. xxxx.

*Character Limit: 35*

### Street address of the larger organization\*

Please enter the **street address or P.O. Box** for the mailing address **of the larger organization** (the parent organization). Maximum of 50 characters including spaces.

*Character Limit: 50*

### City/Town\*

Please enter the **city/town** for the mailing address **of the larger organization** (the parent organization). Maximum of 50 characters including spaces.

*Character Limit: 50*

### State\*

Please enter the two letter abbreviation for the **state** of the mailing address **of the larger organization** (the parent organization). Maximum of 2 characters including spaces.

*Character Limit: 2*

### Zip code\*

Please enter the **zip code** of the mailing address **for the larger organization** (the parent organization).

*Character Limit: 15*

### Website for the larger organization\*

Please enter the website for the larger organization (the parent organization).

*Character Limit: 250*

## Alignment with the Foundation's Strategic Priority Areas

Information is being collected for **the organization that would directly benefit from the award** if funded.

### Alignment with the Foundation's Strategic Priority Areas\*

While the foundation is committed to supporting work in all sectors that support a thriving region, we have identified four focus areas:

- A strong start for all children through high-quality early education and care
- Accessible and more affordable post-secondary education and training, providing pathways to completion and employment
- A vibrant local arts and creativity ecosystem to support self-expression, economic vitality, and connection.
- Diversity, equity and inclusion in workplaces and institutions, prioritizing racial equity.

Flexible Funding gives preference to organizations whose primary focus is one of these priority areas. However, we also recognize that organizations with different missions may have programmatic work in these areas. Please select the applicable options:

"Our organization mission relates to...." *or*

"We have programmatic work that relates to..." *or*

"The work of our organizations falls outside of these focus areas."

### Choices

Org Mission: A strong start for all children through early education and care

Org Mission: Accessible & more affordable post-secondary education & training

Org Mission: A vibrant local arts and creativity ecosystem

Org Mission: Racial equity

Programmatic: A strong start for all children through early education and care

Programmatic: Accessible & more affordable post-secondary education & training

Programmatic: A vibrant local arts and creativity ecosystem

Programmatic: Racial equity

The work of our organization falls outside of the stated focus areas

## Geographic Demographics

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### County(ies) Served

Please estimate the percentage distribution the **organization** currently serves in each of the following counties. The total for all three counties cannot exceed 100%. Please enter only whole numbers as the percentage sign is assumed.

#### Franklin County\*

Please enter the percentage as a whole number or 0 if this county is not served by the organization. The percentage sign is assumed.

*Character Limit: 3*

#### Hampden County\*

Please enter the percentage as a whole number or 0 if this county is not served by the organization. The percentage sign is assumed.

*Character Limit: 3*

#### Hampshire County\*

Please enter the percentage as a whole number or 0 if this county is not served by the organization. The percentage sign is assumed.

*Character Limit: 3*



## Other

Please enter the percentage as a whole number or 0 if this county is not served by the organization. The percentage sign is assumed.

*Character Limit: 3*

## County- Other

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**Please state which other counties are served by this organization.\***

*Character Limit: 500*

## Organization Plan

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### Funding Opportunity Name\*

The software system requires a name for each application. To help us meet this requirement, please enter the phrase, "**Flexible Funding 2022**" in the field below.

*Character Limit: 100*

### Requested Amount\*

This grant opportunity is for an amount *up to \$30,000*. Please tell us how much you are applying for.

*Character Limit: 20*

The following information is being collected for your organization. If fiscally sponsored, this information is being collected for your organization, not the fiscal sponsor.

### Racial Equity in the Workplace\*

How does your organization center racial equity in your workplace? This may include policies and procedures as well as work goals and progress you have made in this area. Maximum of 2,500 characters including spaces.

*Character Limit: 2500*

### Goals\*

What are your organization's primary goals for this upcoming year? (Please elaborate on 1-3 specific goals.) Please address opportunities your organization will have and challenges you might face.

*Character Limit: 2500*

### Impact\*

At the end of 2023, how will your organization recognize if you have achieved these goals? You may want to address:

-How you will measure impact, in both quantitative and qualitative ways?

-How will the people you serve be better off?

Maximum of 2,500 characters including spaces.

*Character Limit: 2500*

## *Leadership Information*

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The following information is being collected for your organization. If fiscally sponsored, this information is being collected for ***your*** organization, ***not*** the fiscal sponsor.

### **Board Governance\***

Briefly describe your organization's leadership structure and governance. Maximum of 2,500 characters including spaces.

*Character Limit: 2500*

### **Executive Leader\***

Does the organization's CEO, Executive Director or equivalent position identify as Black, Indigenous, a Person of Color (BIPOC)?

#### **Choices**

Yes

No

### **Board Members\***

What percentage of your board is made up of people who identify as BIPOC?

#### **Choices**

None

1-25%

26-50%

51-75%

76-100%

### **Staff\***

What percentage of your staff is made up of people who identify as BIPOC?

#### **Choices**

None

1-25%

26-50%

51-75%

76-100%

## Organization Financials

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If your organization is fiscally sponsored, we are requesting this information on **your** organization, not the 501c3 (fiscal sponsor).

### Fiscal Year End Date\*

*Character Limit: 10*

### Organization Operating Budget\*

Enter the current fiscal year operating budget amount for the 501(c)(3) organization.

*Character Limit: 20*

### Total Number of Full-Time Equivalent Employees\*

*Character Limit: 250*

### Upload the Operating Budget\*

Please upload the organization's operating budget for this current fiscal year **and** the previous fiscal year's actual financials that correspond. This can be in one document side-by-side or two separate documents.

*File Size Limit: 5 MB*

### Additional Upload (optional)

If you need to upload the previous year's actual financials separately from the Operating budget, please use this field to upload the additional financial document. This field is optional.

*File Size Limit: 5 MB*

### Comments:

If there is anything you would like us to know about your financial documents, please use this space to provide us with your comments. Maximum of 1,200 characters including spaces. (Optional)

*Character Limit: 1200*

## Closing Comments

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### Closing Comments

Please indicate below if there is any additional information you would like to provide. Maximum of 2,000 characters including spaces.

*Character Limit: 2000*

### Capacity Building Opportunities\*

Would you be interested in the following connections with CFWM? Please check all that interest you?

## Choices

Being featured in CFWM communications  
Belonging, Equity, Inclusion and Diversity training  
Networking with other nonprofit organizations  
Speaking with a Foundation staff member  
Training for boards  
Training for Fundraising  
Training on financial management  
Training on social media and marketing strategies  
Training on strategic planning  
None of the above.

## **Applicant Feedback Survey**

A short survey (only 8 questions) requesting your feedback on your experience as an applicant will be sent to you upon the submission of your application. Please consider completing the survey. The survey is completely anonymous and will not impact the evaluation of your funding application. Our hope is that your feedback will enable us to improve the application process to make it better for all.

Thank you for taking the time to complete the application. Once you are satisfied with your responses and attachments, please **SUBMIT** the application. The **SUBMIT** button can be found in the bottom, right corner of your screen.