

Flexible Funding 2024

Community Foundation of Western Massachusetts

Instructions

Welcome to the Community Foundation of Western Massachusetts' Flexible Funding 2024 grant application.

Program Details:

Flexible Funding 2024 will provide general operating support to nonprofits that benefit our region and are aligned with the Foundation's strategic focus areas. You can learn more about the Flexible Funding 2024 opportunity [here](#).

Flexible Funding provides grants of up to \$30,000. Funds must be spent from January 1, 2025, through December 31, 2025. CFWM will award a total of at least \$2.9 million dollars.

Eligibility:

- Eligible organizations must have IRS-designated 501(c)(3) status or an existing fiscal sponsor.
- Organizations should be located in *and* serve residents in Franklin, Hampden, and/or Hampshire counties.
 - For organizations who also have locations or a presence outside of the region, we look for key indicators such as local staff, an office in our region, and/or programs solely dedicated to residents of our region.
- Organizations with operating budgets larger than \$10 million are not eligible.
 - There is a strong preference for organizations with an operating budget of less than \$5 million.

NOTE: *We encourage organizations who have never applied to CFWM to connect with us and apply.* Click [here](#) for a listing of ways to connect with us.

Funding cannot support the following:

- Expenses that occur outside the 12-month funding timeframe
- Endowments or capital campaigns.
- Sectarian or religious organizations unless as a fiscal sponsor for a broad community benefit
- Institutions of higher education - including scholarships
- Academic research
- Organizations whose mission is to support municipalities/government agencies such as friends of libraries or school systems

- K-12 schools - public, private, or charter
- Start-ups or organizations less than one year old.

More about our Priority Focus Areas:

The foundation's strategic vision serves as the cornerstone for establishing the priority support areas for Flexible Funding. Our aim is to fund organizations that work to increase equity and opportunity while demonstrating a strong mission in the following areas:

- **Racial justice**
- **Accessible and more affordable post-secondary education and training**
- **A strong start for all children**
- **A vibrant local arts and creativity ecosystem**
- **Financial resiliency (Springfield only)**
- **Family economic resiliency (Franklin County only)**

In addition to these focus areas, preference will be given to organizations with BIPOC leadership and where leadership is reflective of the communities that they serve.

You can learn more about the Priority Focus Areas [here](#).

Deadline:

The online grant application will close at **noon (EST) on September 16, 2024**.

Technical support is available Monday - Friday from 8 a.m. - 5 p.m.

Review:

- Unless a question arises 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 December 10, 2024.
- Funds for awarded organizations will be released no later than January 15, 2025.

We are here to assist you with the grants process. Email us at grants@communityfoundation.org with any questions including:

- if any of your applicant or organization information in the box at the top of the application is incorrect.
- if you don't understand or need clarification on any of the questions in this application.
- if you have specific questions about your organization's application.

Organization Information

Anti-Discrimination Policy 2024*

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

Grantmaking Policy 2024*

Please click [here](#) to read the CFWM Grantmaking Policy.

I certify that I have read the CFWM Grantmaking policy, and the applying organization understands and agrees with CFWM's implementation of 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

About Your Organization*

How would you explain who you are as an organization to someone unfamiliar with your work? What are the problems you are attempting to solve or opportunities you provide to the community?

Maximum of 3,000 characters including spaces.

Character Limit: 3000

Describe Population Served*

Briefly describe the population you serve.

Maximum of 1,500 characters including spaces.

Character Limit: 1500

Organizational Planning & Decision Making*

How do you involve the population you serve in your organizational planning and decision-making?

Maximum of 3,000 characters including spaces.

Character Limit: 3000

Ethnicity*

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

Choices

Asian or Asian American
 Black, African, African American, or part of Africa's Global Diaspora
 Hispanic, Latina/o, Latine/x, or Afro-Latino/a
 Middle Eastern, Arab, Persian, or North African
 Native American, American Indian, Indigenous, or Alaska Native
 Native Hawaiian, Samoan, or Other Pacific Islander
 White, Caucasian, or European American

Organization Structure*

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

Choices

fiscally sponsored.
 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#.

Fiscal Sponsor Paperwork Submitted To CFWM

Fiscal Sponsor Approved by CFWM*

Have you previously submitted your current fiscal sponsor information to CFWM **and** received CFWM approval?

Choices

Yes
 No

Previously Approved Fiscal Sponsor Paperwork

Because the CFWM ***approved*** paperwork for your current fiscal sponsor is already on file with us, you only need to **renew** your paperwork for the current year.

The two documents required to renew and update your fiscal sponsor relationship are as follows:

1. A current CFWM Proof of Fiscal Sponsorship form signed by both parties. Click ***here*** for a blank CFWM Proof of Fiscal Sponsorship form
2. Current audited or reviewed financials for the *fiscal sponsor*.

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 at grants@communityfoundation.org before submitting your application so that we can answer your questions and help you through the process.

Proof of Fiscal Sponsor 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

Current Audited or Reviewed Financials*

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

If audited or reviewed financials are unavailable, the fiscal sponsor may provide a P&L for the current fiscal year and a current balance sheet, or other financial records (for example, completed Form 990) for the purpose of establishing the viability of fiscal sponsor relationship.

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 before submitting your application so that we can discuss alternative documentation.

File Size Limit: 6 MB

Fiscal Sponsor Organization Name*

Please enter the organization name for your fiscal sponsor.

Character Limit: 250

Address of Fiscal Sponsor*

Please enter the mailing address for your fiscal sponsor. Include street address, city, state and zip code.

Character Limit: 500

Name of Top Person for the Fiscal Sponsor*

Please enter the name of the person who is the head of the organization (i.e. Executive Director, President, etc.).

Character Limit: 250

Title for Head of Fiscal Sponsor*

Please enter the title for the person who is the head of the organization (i.e. Executive Director, President, etc.).

Character Limit: 75

Email Address for Executive Director of Fiscal Sponsor*

Please enter the email address of the fiscal sponsor's Executive Director.

Character Limit: 254

Phone Number for Fiscal Sponsor*

Please enter the phone number for the fiscal sponsor's Executive Director. Use the format xxx-xxx-xxxx.

Character Limit: 20

Fiscally Sponsored - New Submission

We are committed to working with newer and smaller organizations. If you cannot provide any of the documents requested below or have other questions, please reach out to us at grants@communityfoundation.org before submitting your application so we can help you through the process.

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.

Proof of Fiscal Sponsorship Form*

Please complete and upload the Proof of Fiscal Sponsorship form. (Download a copy [*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.

File Size Limit: 2 MB

Current audited or reviewed financials*

Please upload the **current** audited or reviewed financial statements for the 501(c)(3) organization that will serve as the project's fiscal sponsor. If those are unavailable, please upload a **current** P&L (Profit & Loss statement) and balance sheet or other financial records that are comparable for the purposes of establishing the viability of fiscal sponsor relationship.

File Size Limit: 6 MB

Fiscal Sponsor Organization Name*

Please enter the name of your fiscal sponsor.

Character Limit: 250

Address of Fiscal Sponsor*

Please enter the mailing address of your fiscal sponsor. Include street address, city, state, and zip code.

Character Limit: 500

Name of the Top Person for the Fiscal Sponsor*

Please enter the name of the person who is the head of the organization (i.e. Executive Director, President, etc.).

Character Limit: 250

Title for the Person at the Fiscal Sponsor

Please enter the title for the person who is the head of the organization (i.e. Executive Director, President, etc.).

Character Limit: 50

Email address for Executive Director of Fiscal Sponsor*

Please enter the email address for the Executive Director of the fiscal sponsor.

Character Limit: 254

Phone number for the Fiscal Sponsor*

Please enter the phone number for the fiscal sponsor's Executive Director. Use the format xxx-xxx-xxxx.

Character Limit: 20

Member of a national organization

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

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

Geographic Demographics

County(ies) Served

Please estimate the percentage distribution the **organization** currently serves in each of the following counties. The **total** for all four spaces below must equal 100%. Please enter whole numbers only. 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

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

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

Springfield Population*

Does your programming substantially support residents of Springfield?

Choices

Yes

No

Other

Please enter the percentage as a whole number or 0 if the organization serves people outside of the counties shown above. The percentage sign is assumed.

Character Limit: 3

Serving Springfield Residents

Serving Springfield Residents*

Tell us more about how your organization serves the residents of Springfield.

Character Limit: 1200

County- Other

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

Character Limit: 500

Leadership Information

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*

How is your board representative of the population your organization serves?

Maximum of 1,000 characters including spaces.

Character Limit: 1000

Board Governance Strategies*

What strategies are used to ensure that the board is representative of the population you serve?

Maximum of 1,500 characters including spaces.

Character Limit: 1500

Board Makeup*

How many people currently serve on the board?

Character Limit: 3

Board Members*

How many board members identify as Black, Indigenous, or a Person of Color (BIPOC)?

Character Limit: 3

Executive Leader*

Does the organization's CEO, Executive Director or equivalent position identify as BIPOC?

Choices

Yes

No

Total Number of Staff*

How many unique staff members work at your organization? This includes part-time and full-time staff.

Character Limit: 20

Total Number of Full-Time Employees*

Please put the full-time equivalent number.

Character Limit: 20

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%

Grant Request

Project Name*

The software system requires a name for each application. To help us meet this requirement, please enter the phrase, "**Flexible Funding 2024**" in the field below.

Character Limit: 100

Organization's Goal(s)*

What is your organization trying to achieve? Briefly describe the organization's goal(s) and vision.

Maximum of 2500 characters including spaces.

Character Limit: 2500

What's Happening Now?*

What's happening right now? Briefly describe the current state of work and any context that helps us understand the next few years.

You may want to include upcoming major initiatives, challenges, or opportunities you anticipate.

Maximum of 2500 characters including spaces.

Character Limit: 2500

Implementation Strategies*

What are your strategies for reaching your goals?

You may want to include key programmatic areas and initiatives.

Maximum of 2500 characters including spaces.

Character Limit: 2500

Organization Capacity*

What is your organization's capacity to achieve your goals? Briefly describe capacity strengths, weaknesses, and growth efforts.

You may want to include financial resources, knowledge, experience, and human capital.

Maximum of 2500 characters including spaces.

Character Limit: 2500

Impact*

Briefly describe your organization's progress in achieving its goals.

You may want to consider how you measure impact or how you know the people you serve are better off?

Maximum of 2500 characters including spaces.

Character Limit: 2500

Amount Requested

How much would you like to request?*

Please indicate the amount of funds you would like to request.

Maximum grant funding available is \$30,000.

Character Limit: 20

Organization Financials

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

Fiscal Year End*

You may choose to copy this information from your Candid profile, if you currently have a profile in Candid. Or, you may enter the information in the field below.

Character Limit: 250

Organization Operating Budget*

Enter the current fiscal year operating budget amount for your organization.

Character Limit: 20

Upload the Operating Budget*

We ask for **two years** of financial information. Please upload the organization's operating budget, including expenses and revenue for this current fiscal year **and** the previous fiscal year's actual financials (a profit/loss and revenue/expense report) that correspond. This can be in one document side-by-side or two separate documents.

File Size Limit: 10 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

Closing Comments

Please indicate below if there is any additional information you would like to provide regarding the application.

Maximum of 2,000 characters including spaces.

Character Limit: 2000

Additional Materials

If you wish, you may also upload a document that provides additional information such as an annual report, a report to another funder or evaluation information.

File Size Limit: 10 MB

Potential Training Topics*

Please indicate which of the topics listed below that might interest you as a workshop/training session.

Choices

- Overview of the rules of advocacy
- Financial 100 -Basic
- Financial 101 - Intermediate
- Budgeting 101
- Recruitment & roles of Board members
- Empowering new Board members
- Working with existing Board members
- None of the Above

Other Topics of Interest

Please list below any other topics you might find interesting as a workshop or training session.

Maximum of 250 characters including spaces.

Character Limit: 250

Applicant Feedback Survey

A short survey (only 10 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.

