February 2022 Community Impact Grant Cycle

Community Foundation of Dunn County

Instructions INSTRUCTIONS

Complete the grant application by responding to the fields below. Note that any fields with an asterisk are required fields and must be completed prior to submitting an application. As you complete the form, the system will auto-save every 100 characters typed or every time you click out of a field. You may collapse question groups as you go, as an indicator to yourself that you've

completed that section and to reduce scrolling.

The system also allows you to Save an application and come back to it before submitting. There is also a Collaborator feature that allows applicants to work together on a single request. <u>https://docs.google.com/document/d/15NsdFgi3lBmBu0_pp1zj2HZ51l4mx8Wryjrx4FYOmdg/e</u> <u>dit?usp=sharingClick here</u> to learn about the collaborator feature. Contact the Community Foundation at (75) 231-0344 if you have any questions or problems with the form.

Request Overview

Project Title* Please provide a descriptive Name/Title for this grant request. *Character Limit: 100*

Amount Requested*

Typical grant amounts range from \$500 to \$5,000 or more. *Character Limit: 20*

Program Area*

Please check the program area that best categorizes this grant request.

Choices

Access/Social Justice Agriculture Animal Welfare Arts, Culture & Heritage Community and Economic Development Disability Services Education Environment Health Human Services Philanthropy Sports and Recreation Youth

Geographic Area Served*

Please select which geographic area is primarily being served by this request.

Choices

Boyceville Area Colfax Area Elk Mound Area Menomonie Area Dunn County wide Dunn and surrounding county/counties Statewide

Population Served*

Please select the specific population being served by this request. You can select age and income level in the next section. If the population this grant targets is not listed, please choose "General".

Choices

General Animals At-risk youth/teens Caregivers Foster and Adopted Youth/Parents Immigrants, migrants, displaced people Incarcerated People/ Offenders/ Ex-Offenders People with chronic/ terminal illness People with disabilities People with disabilities Rural Resident Substance Abusers Veterans Victims of crime and abuse Victims of Disaster

Age Group Served*

Please select the specific age group served by this grant request.

Choices

All ages Infants and Toddlers School-aged children and/or adolescents Working-age Adults Senior Citizens N/A

Income Level Served*

Please select the income level of the target population being served by this request.

Choices

All income levels Low Income Lower-Middle Income Upper-Middle Income High Income

Non Discrimination Policy*

In accordance with federal regulations, the Community Foundation of Dunn County does not discriminate based on race, color, creed, sex, religion, age, disability, sexual orientation, marital status or national origin. Do the applicant organization's employment and service practices comply with this policy?

Choices

Yes No

About Your Organization

1. Organization Overview*

Please provide a brief background about your organization, including a short summary of the organization's history, mission, goals, accomplishments, and challenges.

Character Limit: 2000

2. Current Initiatives*

Please describe your current programs, activities, community impact and the community's involvement or support of your organization.

Character Limit: 3500

3. Organizational Structure*

Describe the current structure of your organization, including how the organization functions on a daily basis. (CEO, staff, volunteers, etc.)

Character Limit: 2500

About the Grant

What is the community need that this request addresses? *Character Limit: 1500*

Project Goals and Activities*

Describe the specific goals and activities of your project and how they will be carried out or accomplished.

Character Limit: 3500

Project Outcomes*

Describe the anticipated outcomes resulting from this grant project, its impact and how the community will be better served.

Character Limit: 3500

Anticipated Challenges*

Describe any anticipated challenges and how you will meet them.

Character Limit: 1500

Sustainability*

Please describe how you will fund and continue to sustain these activities beyond the grant period.

Character Limit: 1500

Staff - Project Summary*

Character Limit: 2500

Grant Project Budget

Anticipated Project Income*

Please list out all anticipated sources of income for this specific grant project with amounts and whether the funding is approved or pending.

Ex: Dunn Energy Cooperative: \$1,000 - Approved

Character Limit: 1500

Total Project Expenses*

What are the total expenses for this particular grant project? This may be more than your grant request amount and helps us to understand if the Foundation is funding a portion of the project or the full cost of the project.

Character Limit: 20

Project Expenses Description*

Please itemize the expenses for this grant project, including a short description of each item and the anticipated cost. (Personnel, Materials and Supplies, etc.) If this grant is to cover a portion of the project, please list all expenses of the project and then specify which expenses you anticipate being supported by this CFDC grant.

Character Limit: 2500

Project Budget Upload

(Optional) You may upload a separate file of your own, representing this grant request's Project Budget. For help creating the document, you can click here to download our Grant Project Budget template.

File Size Limit: 2 MB

Letter of Support

(Optional) Letters of Support are optional, unless another organization or individual is integral to the purchase or use of the program and/or is a fiscal sponsor. Then it is required.

File Size Limit: 2 MB

Additional Supporting Documents

(Optional) You may upload additional supporting documents to your request. If this grant request is to purchase a specific item or equipment, please upload a financial quote or spec sheet about the item here.

File Size Limit: 2 MB

Staff - Project Budget Summary*

Brief sentence about how the grant budget is broken down by item.

Character Limit: 1500

Required Organization Financials

Organizational Budget*

Please upload your organization's most recent Operating Budget with projected revenues and expenses.

File Size Limit: 3 MB

Audited Financials*

Please upload a copy of your organization's current Audited Financial Statement

File Size Limit: 3 MB

Proof of 990 Filing*

Please upload proof of current IRS 990 Filing. You may upload the first page only; the full 990 document is not required.

File Size Limit: 3 MB

Authorization

Applicant Agreement*

As the applicant submitting this request on behalf of the organization, you certify that:

- The information provided in this application is complete and accurate to the best of your knowledge.
- Falsification of information will result in termination of any award granted.
- You have discussed this project and grant request with the necessary authorized representatives at your organization. They support this request and the proposed allocation of funding.

If awarded a grant, the organization will:

- Carry out the activities and expend grant funds as described in the proposal, to the best of their ability.
- Submit significant changes in the scope or budget of the project to the Foundation for approval.
- Complete and submit written reports as required no later than 12 months from the date the grant is awarded.
- Acknowledge the role of the Community Foundation of Dunn County in supporting the organization in communications with their board and the public.
- Provide copies of all publicity, press releases or promotional materials. If available, provide photos in digital format.

Choices

I agree