

Concord-Carlisle Community Chest Grant Application 2019

REQUEST for PROPOSALS 2019

Please share this application with the appropriate person from your organization if you are not the correct contact person.

For a BLANK VERSION of this FORM, please visit www.ccommunitychest.org/who-we-help/grant-application/ and look for "CCCC Grant Application PDF Form" at the bottom of the page.

Thank you for the work you are doing for our communities.

Please contact us with any questions about the application process at: info@ccommunitychest.org or 978-369-5250

* Required

1. Email address *



**CONCORD-CARLISLE
COMMUNITY CHEST**

Instructions

Process Overview

Completed applications are due THURSDAY, JANUARY 31, 2019.

All applicants will receive a site visit by members of the Community Chest's Allocations Committee during February or March. Prior to that meeting we may request additional information or ask that you be prepared to answer specific questions.

The Community Chest Board of Directors will make final funding decisions in May 2019.

If you are awarded a grant, the Day of Giving celebration will be in June 2019.

Key Terminology

ORGANIZATION – The unit you represent which is applying for funding. If you have a parent organization that holds your nonprofit status, please apply under that organization. If you are standalone, in these cases simply answer “N/A”.

PROGRAM – The specific efforts of your organization to be supported by this grant. For a small organization the program could be the entire focus of the organization. A larger organization may run multiple parallel programs and be asking the Chest for funding specific to only one of those programs.

CLIENTS – We are interested in understanding the number and types of people affected by our support of your program. When we say “Client” we generally are referring to individuals, but we recognize that not all organizations track such information at the individual level. If you track families and not individuals, simply put 100 in the “% Families” line of the relevant tables.

Data Entry

When we ask questions about Program Budget and numbers of people served, we want to know those numbers in the context of the specific program for which you are seeking funding, not the organization in general. All data should be specific to Concord and Carlisle residents served.

For example, if GoodDeeds.org has an overall organization budget of \$1,000,000 and serves 10,000 clients, but is asking us for \$10,000 to support its Emergent Needs program, which has a budget of \$50,000 and serves 150 clients/year, it is the program-specific numbers we are interested in.

Also, please review your numbers: numbers in your narratives should match those in the form. The numbers in your tables should total accordingly.

Organization Overview

2. Organization Name *

3. Mailing Address *

4. Town *

5. Zip Code *

6. Website *

7. Primary Contact Name *

8. **Primary Contact Title ***

9. **Primary Contact Phone ***

10. **Primary Contact E-mail ***

11. **Secondary Contact Name**

12. **Secondary Contact Title**

13. **Secondary Contact Phone**

14. **Secondary Contact E-mail**

15. **Do you want to save your results and quit for now? ***

You will be able to return to the survey at a later time.

Mark only one oval.

Yes *Stop filling out this form.*

No

Funding Request

16. **Program Name ***

17. **Describe the programs and/or services this funding will support: ***

18. **Amount Requested ***

19. **Program Budget ***

20. **Do you want to save your results and quit for now? ***

You will be able to return to the survey at a later time.

Mark only one oval.

Yes *Stop filling out this form.*

No

Organization Information

21. **Mission Statement ***

Enter your mission statement and a brief narrative describing your organization and its programs (300 words or less)

22. **Organization Budget**

23. **Tax ID # ***

If you are not a 501 (c) 3 organization, please write N/A.

24. **Parent Organization (if any)**

If you have a parent organization, describe your relationship to it

25. **Board Members ***

List your Board members with their affiliations:

26. Accomplishments *

What do you consider your major accomplishments over the past 12 months?

27. Major Changes (if any)

What major changes have occurred for your organization, your programs, and/or your clients during the past year?

28. Risks (if any)

What potential risks are you aware of that could have a major impact on your organization during the coming year (e.g. cuts in government funding, major corporate donor downsizing, or internal organizational changes)?

29. Do you want to save your results and quit for now? *

You will be able to return to the survey at a later time.
Mark only one oval.

- Yes *Stop filling out this form.*
- No

Funding Request Details

30. How have you determined the need for this program/service? *

Please provide quantitative data where applicable.

31. Evaluation *

Describe how this program will be measured for its impact and/or effectiveness:

32. If you do not receive this funding in the coming year, how will you provide these services? *

33. Please list other sources of funding. *

34. Do you want to save your results and quit for now? *

You will be able to return to the survey at a later time.

Mark only one oval.

Yes *Stop filling out this form.*

No

Populations Served - Counts By Town

Estimate the number of individuals from each town served.

If your numbers range, give an estimate based on averages over the past 3 years. If you only track numbers of households, multiply by 3.1 to give us an estimate of the number of individuals.

35. Concord Residents *

36. Carlisle Residents *

37. Do you want to save your results and quit for now? *

You will be able to return to the survey at a later time.

Mark only one oval.

Yes *Stop filling out this form.*

No

Populations Served - Percentages by Type

Estimate the percentages in each of these populations.

38. Population

Mark only one oval per row.

	0%	Less than 25%	25-50 %	50-75%	75-100%	100%
Adults	<input type="radio"/>					
Seniors	<input type="radio"/>					
Families	<input type="radio"/>					
Children only	<input type="radio"/>					

39. Age Range

Mark only one oval per row.

	Less than 25%	25-50 %	50-75%	75-100%	100%
High School	<input type="radio"/>				
Middle School	<input type="radio"/>				
Elementary	<input type="radio"/>				
Pre-School	<input type="radio"/>				

40. Do you want to save your results and quit for now? *

You will be able to return to the survey at a later time.

Mark only one oval.

- Yes *Stop filling out this form.*
- No

Program Staffing

Note: These can be decimals. Volunteer number can be an estimate based on averages over the past 3 years.

41. Full-Time Employees (FTEs) *

42. Volunteers *

43. Do you want to save your results and quit for now? *

You will be able to return to the survey at a later time.

Mark only one oval.

- Yes *Stop filling out this form.*
- No

Program Budget

1. DOWNLOAD the Budget Template

https://www.philanthropy.org/sites/default/files/4_Budget_Template_2018.xlsx

2. COMPLETE all sections of the Budget as applicable to your organization. In the Expenses section, please include at a minimum this breakdown:

Expenses
Salaries and Benefits

Building Expenses
Office Expenses
Capital Equipment
Other Expenses

Functional Expenses
Program Services
Management and General
Fundraising

3. SEND TO: info@cccommunitychest.org with Subject Line "Organization Name- Budget"

44. Confirmation

Check all that apply.

Check this box to indicate you've sent in your Program Budget

45. Do you want to save your results and quit for now? *

You will be able to return to the survey at a later time.

Mark only one oval.

Yes *Stop filling out this form.*

No

Additional Documentation

1. Email your IRS 501(c)3 determination letter to info@cccommunitychest.org with Subject Line "Organization Name- IRS letter"

2. Mail one copy of your latest audited financial statement to:

Concord-Carlisle Community Chest
19 Main Street, Suite 2
Concord, MA 01742

46. Confirmation

Check all that apply.

Check this box to indicate you've sent in this documentation

47. Do you want to save your results and quit for now? *

You will be able to return to the survey at a later time.

Mark only one oval.

Yes *Stop filling out this form.*

No

A copy of your responses will be emailed to the address you provided

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