Concord-Carlisle Community Chest Grant Application 2021

REQUEST for PROPOSALS 2021

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

For a BLANK PDF VERSION of this FORM, please visit www.cccommunitychest.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@cccommunitychest.org or 978-369-5250
* Required

1.   Email address *

    _____

Instructions

Process Overview

Completed applications are due Friday, JANUARY 14, 2021.

All applicants will receive a site visit, most likely virtually this year, 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 late May 2021.

If you are awarded a grant, the Day of Giving celebration will be in June 2021.

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. For scheduling purposes, would you be available for a site visit on a weekday in the late afternoon or early evening? *

Check all that apply.

☐ Yes

☐ No

Other: ☐ _____

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

You will be able to return to the survey at a later time. Check 'Yes', then click 'Next', then click 'Submit'. This will NOT submit your application but send you a link to your Saved Draft application.

Mark only one oval.

◯ Yes

◯ No

Funding Request

17.   Program Name *

_____

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

_____
_____
_____
_____
_____

19.   Amount Requested *

Enter Numbers only, no symbols.

_____

20.   Program Budget *

Enter Numbers only, no symbols.

_____

21.   Describe your Program Evaluation *

Describe how the program for which you are seeking funding will be measured for its impact and/or effectiveness:

_____
_____
_____
_____

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

You will be able to return to the survey at a later time. Check 'Yes', then click 'Next', then click 'Submit'. This will NOT submit your application but send you a link to your Saved Draft application.

Mark only one oval.

◯ Yes

◯ No

Organization Information

23. **Mission Statement ***

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

_____

_____

_____

_____

_____

24. **Organization Budget ***

Enter Numbers only, no symbols.

_____

25. **Tax ID # ***

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

_____

26. Parent Organization (if any)

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

_____

_____

_____

_____

_____

27. Board Members *

List your Board members with their affiliations:

_____

_____

_____

_____

_____

28. Accomplishments *

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

_____

_____

_____

_____

_____

29. Major Changes (if any)

What major changes have occurred for your organization, your programs, and/or your clients during the past year? Please include how your ability to serve your clients has changed due to the pandemic.

_____

_____

_____

_____

30. **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)?

_____

_____

_____

_____

_____

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

You will be able to return to the survey at a later time. Check 'Yes', then click 'Next', then click 'Submit'. This will NOT submit your application but send you a link to your Saved Draft application.

Mark only one oval.

◯ Yes

◯ No

Funding Request Details

32. **Description of Need** *

What is the need in the community that this funding request would help address? What are the demographics and number of people who would benefit from this funding? Please provide quantitative data, if applicable or available. (Please note that this answer may be used in Community Chest materials and shared with donors and the community at large).

_____

_____

_____

_____

_____

33. **Change in need due to pandemic** *

    How has the need of those you serve specific to this program or project changed due to the pandemic?

    _____

    _____

    _____

    _____

    _____

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

    _____

    _____

    _____

    _____

    _____

35. **Please list other sources of funding for this funding request and amounts.** *

    _____

    _____

    _____

    _____

    _____

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

    You will be able to return to the survey at a later time. Check 'Yes', then click 'Next', then click 'Submit'. This will NOT submit your application but send you a link to your Saved Draft application.

    Mark only one oval.

    ( ) Yes

    ( ) No

Populations Served - Counts By Town

Estimate the number of individuals from each town served. Adults are 18 and older; Children are under age 18.

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.

37.   Concord Residents *

_____

38.   % of total number of clients served from Concord *

_____

39.   Carlisle Residents *

_____

40.   % of total number of clients served from Carlisle *

_____

41.   Total number of clients served from Middlesex County *

_____

42.   % of total number of clients served from Middlesex County *

_____

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. Check 'Yes', then click 'Next', then click 'Submit'. This will NOT submit your application but send you a link to your Saved Draft application.

Mark only one oval.

○ Yes

○ No

Populations Served – Percentages by Type

Estimate the percentages in each of these populations.

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44. Population (Adults are 18 and older; Children are under age 18.)

Mark only one oval per row.

	0%	Less than 25%	25-50 %	50-75%	75-100%	100%
Adults	○	○	○	○	○	○
Seniors	○	○	○	○	○	○
Families	○	○	○	○	○	○
Teens (age 13-18)	○	○	○	○	○	○
Children (age 0-12)	○	○	○	○	○	○

45. School Level

Mark only one oval per row.

	0%	Less than 25%	25-50 %	50-75%	75-100%	100%
High School	◯	◯	◯	◯	◯	◯
Middle School	◯	◯	◯	◯	◯	◯
Elementary	◯	◯	◯	◯	◯	◯
Pre-School (4-5)	◯	◯	◯	◯	◯	◯
Early Childhood (0-3)	◯	◯	◯	◯	◯	◯

46. Race

Mark only one oval per row.

	0%	Less than 25%	25-50 %	50-75%	75-100%	100%
American Indian or Alaska Native	◯	◯	◯	◯	◯	◯
Asian	◯	◯	◯	◯	◯	◯
Black or African American	◯	◯	◯	◯	◯	◯
Latinx	◯	◯	◯	◯	◯	◯
Native Hawaiian/Other Pacific Islander	◯	◯	◯	◯	◯	◯
White	◯	◯	◯	◯	◯	◯
Other	◯	◯	◯	◯	◯	◯

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. Check 'Yes', then click 'Next', then click 'Submit'. This will NOT submit your application but send you a link to your Saved Draft application.

Mark only one oval.

◯ Yes

◯ No

Program Staffing

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

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48. Full-Time Employees (FTEs) *

_____

49. Volunteers *

_____

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

You will be able to return to the survey at a later time. Check 'Yes', then click 'Next', then click 'Submit'. This will NOT submit your application but send you a link to your Saved Draft application.

Mark only one oval.

◯ Yes

◯ No

Program Budget

1. DOWNLOAD the Budget Template

https://www.philanthropyma.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"

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51. Confirmation

Check all that apply.

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

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

You will be able to return to the survey at a later time. Check 'Yes', then click 'Next', then click 'Submit'. This will NOT submit your application but send you a link to your Saved Draft application.

Mark only one oval.

◯ Yes

◯ 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

53.   Confirmation

Check all that apply.

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

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

You will be able to return to the survey at a later time. Check 'Yes', then click 'Next', then click 'Submit'. This will NOT submit your application but send you a link to your Saved Draft application.

Mark only one oval.

◯ Yes

◯ No

Google Forms