



Application Preview: Selected organizations will be invited to apply after review of the Letter of Intent, which is due on 7/28/17

Community Foundation of Louisville

# 2018 Fund for Louisville Capacity Building Grants

*Community Foundation of Louisville*

## *Strategic Focus and Instructions for this Application*

### **Instructions**

This is the second and final step in the application process for a 2018 Fund for Louisville capacity building grant.

You will see your responses to questions from the Letter of Intent below. You may make grammatical edits to these responses, however substantive changes must be approved by Liz Alkire.

The submission deadline for this application is 5:00 PM on Friday, September 22, 2017.

- Before you begin, please review the program guidelines
- There are character limits for each question. 1500 characters is approximately 200-250 words. 750 characters is approximately 100-150 words. These limits include spaces.
- Before the deadline and when ready, please submit this application. Once submitted, you may not change the content but you may view and print a PDF of your submitted application at any time.

If you have questions, please contact Liz Alkire, 502-855-6965 or [liza@cflouisville.org](mailto:liza@cflouisville.org)

### **Strategic Focus for 2018 Capacity Building Grants**

Grants will be awarded to nonprofit organizations working to transform lives in one or more of the target zip codes, and that define a capacity building project that is timely, well considered, and likely to improve the organization's efficiency, effectiveness, and/or sustainability.

Target zip codes are located primarily in Louisville's south central and western areas: 40202, 40203, 40208, 40210, 40211, 40212, 40213, 40214, 40215, 40219, and 40118.

Funds are limited, and the Community Foundation is unable to support all requests. The purpose of this application is to further understand the work your organization does in the target zip codes, how you will implement your capacity building project, and how it will impact your organization.

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## Organizational Overview

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### What is the organization's mission?

*Character Limit: 750*

### Understanding the organization's work

Please introduce the organization and its work, noting the primary programs or services offered in Louisville, and tell us why the organization has committed to its mission. If possible, please reference data, information gathered from surveys, or other sources of knowledge that help your organization define and understand the need that it addresses.

With this question, we seek to understand the general nature of the work your organization does. You will be asked to briefly describe the organization's work in the target zip codes in a later section of this LOI.

*Character Limit: 1500*

### What was the organization's total annual revenue for the last completed fiscal year?

*This number may be found on Line 12 of your organization's IRS Form 990.*

*Character Limit: 20*

### Please identify the source of the annual revenue figure.

- IRS Form 990
- IRS Form 990-EZ
- Gross receipts for 990-N/postcard filer
- Budget estimate for fiscally sponsored project
- Budget estimate for brand new nonprofit organization

### Please upload a list of current board members and officers.\*

Please list each board member's name, board role (for example, chairperson or member), and organizational affiliation (for example, "Attorney at XYZ Law Firm," or "Community Volunteer").

*File Size Limit: 2 MB*

### How many full-time, paid staff members does your organization employ?\*

Enter "0" if there are no full-time, paid staff.

*Character Limit: 10*

### How many part-time, paid staff members does your organization employ?\*

Enter "0" if there are no part-time, paid staff.

*Character Limit: 10*

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### Is this a volunteer-run organization?

If your organization has no paid, full- or part-time staff, please tell us how your organization utilizes volunteers to support its daily/ongoing operations. If your organization has at least one full- or part-time paid staff person, please respond "NA."

*Character Limit: 750*

### Fit with the 2018 Strategic Focus

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#### In which of the following zip codes does your organization offer programs or services?

With its 2018 capacity building grants, the Community Foundation of Louisville seeks to support nonprofit organizations currently working in one or more of the following eleven zip codes. In which of the following zip codes does your organization currently offer programs or services? Please select all that apply.

- 40202
- 40203
- 40208
- 40210
- 40211
- 40212
- 40213
- 40214
- 40215
- 40219
- 40118
- All 11 zip codes

#### Community needs addressed in target zip codes

Please provide a short description of the community need(s) your organization addresses in the target zip code(s). For example:

- Need for safe, out-of-school activities
- Stronger social connections
- Job training for youth
- Small business mentoring/support
- Etc.

*Character Limit: 750*

#### Primary programs/services delivered in target zip codes

Please briefly describe the primary programs/services that your organization offers in the target zip code(s) to respond to the needs you have identified.

*Character Limit: 750*

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**Frequency and Duration of Service\***

How frequently and for what duration of time does your organization serve clients in the target zip code(s)?

**Frequency:** For example, once/day, twice/week, three times/month, once/year, etc.

**Duration:** For example, "once/twice," etc. or "every day for one month/one year," etc.

For example: "We serve youth in an after-school program each day during the school year," or "We serve new parents once a week for the first month of their child's life."

*Character Limit: 750*

**Location of programs/services delivered\***

Where does your organization deliver its program(s) in the target zip codes / to residents of the target zip codes? For example, at your facility, in schools, in clients' homes, in community centers, etc.

*Character Limit: 750*

**How many people did your organization serve in the target zip code(s) in the past 12 months?\***

If your organization served 10 people in zip code 40212 and 25 people in zip code 40219, you would respond "35 people."

*Character Limit: 10*

**Details about the people that you serve\***

Considering the number of individuals served in the target zip code(s) in the past 12 months, please share the following information about those individuals.

Please use the following format:

**Average Age**

X years (or "unknown")

**Average Income**

\$X (or "unknown")

**Race/Ethnicity**

Black/African American: X%

Caucasian: X%

Hispanic: X%

Other: X%

(or "unknown")

**Educational Attainment (For adults age 21 and older)**

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Adults age 21 and older served in past 12 months: X#  
Less than a high school education: X%  
High school diploma / GED: X%  
Completed some college: X%  
Bachelor's Degree or higher: X%  
(or "unknown")

*Character Limit: 750*

### **Effectiveness of programs/activities**

What is better about people's lives in the target zip code(s) as a result of your programs/activities?

*Character Limit: 1500*

### **Details about effectiveness of programs/activities\***

Reflecting on the answer to the previous question, please share what information you use to understand how your organization's programs/activities are making a difference for individuals in the target zip code(s).

For example, survey results, focus groups, observation, anecdotes. formal evaluation, etc.

*Character Limit: 750*

## *Capacity Building Project Overview*

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### **Capacity Building Project Name\***

Name of Project.

*Character Limit: 100*

### **Timing of Investment in Capacity Building**

Why has your organization decided to invest in capacity building? Please describe any internal or external influences that have led to this decision.

#### Examples

- *We are anticipating a wave of retirements and need to train new staff to take leadership positions*
- *We are undergoing a period of rapid expansion and need a strategic plan to best direct our efforts*
- *A new government requirement means we have to purchase new accounting software*

*Character Limit: 750*

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### **Efficiency, Effectiveness, Sustainability\***

Please describe how your capacity building project will impact the long-term efficiency, effectiveness, and/or sustainability of your organization.

*Character Limit: 1500*

### **Capacity Building Project Objectives\***

Using short, simple statements, please clearly describe up to three of the project's **main** objectives. Here are a few examples of project objectives:

- *Improve the sales and communication skills of our staff.*
- *(with new software) Reduce staff time required to create electronic newsletters.*
- *Design, develop, and implement a new approach to volunteer recruitment and retention.*
- *Evaluate the feasibility of a merger with X nonprofit.*

*Character Limit: 750*

### **How will your organization staff this project?\***

Please include the name(s) and title(s) of the staff who are managing this project and include any skills / credentials / experience that are relevant to executing the proposed capacity building project. If using funds for a consultant or vendor, please name the consultant/vendor and tell us why your organization selected this particular consultant or vendor.

*Character Limit: 1500*

## ***Capacity Building Project Budget***

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### **What is the total cost of the capacity building project?\***

*Character Limit: 20*

### **What amount are you requesting from the Community Foundation of Louisville?\***

The grant request must make up 50% or more of the total capacity building project budget. Grants of any size may be requested, up to a maximum of \$20,000.

*Character Limit: 20*

### **Project Budget Detail\***

Please download this template to your computer, complete, and upload using the "upload a file" button. Please provide as much detail as possible. For example, if you are requesting funds for software, please name the software package and total cost. If requesting funds for a consultant, please identify either the total consulting fee or hourly rate and anticipated length of engagement (for example, \$100/hour for 10 hours).

*File Size Limit: 2 MB*

## *Thank You and Next Steps*

**The submission deadline for this application is 5:00 PM on Friday, September 22, 2017.**

After you submit this application, you will receive an email confirming receipt. CFL will notify all organizations via email on December 14, 2017 regarding the status of the application.

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