



GREEN RIVER AREA COMMUNITY FOUNDATION

2020 Green River Area Community Foundation Capacity Building Grants Application

Organization

- 1. Please share the organization's mission and describe its primary programs and services.**
- 2. Please provide a short description of the organization's greatest accomplishments/achievements to date.**
- 3. Why has your organization chosen to invest time and money in capacity building at this time?**
- 4. Number of full-time employees**
- 5. Number of part-time employees**
- 6. 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."
- 7. What is the organization's total annual revenue in the last completed fiscal year?**
- 8. How often does your board meet?**
- 9. What is the average attendance rate at your Board of Director's meetings over the previous 24 months?**
For example, on average, 72% of board members were present at meetings.
- 10. Is it OK for the Green River Area Community Foundation to share information about your proposed project with other foundations and individuals who may have an interest in your work?**

Project

- 1. Project Name**
- 2. Project Description**
- 3. Please describe the objectives of the project/program.**
- 4. Please describe how your capacity building project will impact the long-term efficiency, effectiveness, and/or sustainability of your organization.**
- 5. Using short, simple sentences, please clearly describe up to three of the capacity building project's main objectives.**
- 6. Using short, concise statements, please describe what will be different about your organization when the objectives for this grant, as you outlined above, are accomplished. When possible, please use numbers or percentages to define the impact. It is understood, however, that not all projects lend themselves to numeric measurement.**

Here are a few examples of project objectives: We expect an X% increase in the number of memberships sold by our staff after training is complete. Staff will spend X% less time creating and distributing electronic newsletters after the software is purchased and the training is complete.

- 7. 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.

Funds Requested and Budget

- 1. What is the total cost of the capacity building project?**
- 2. What amount are you requesting from the Green River Area Community Foundation?**
- 3. Other funding: If this grant from the Green River Area Community Foundation will not cover 100% of the capacity building project's cost, please identify other necessary sources of funding, the amount, and whether the additional funds are secured/requested or will be pursued if the GRACF grant is received. If not applicable, please respond "NA."**

Submission Deadline: Midnight on Friday, October 25 via
<https://cfl.iphiview.com/cfl/>