2024 Focus Grant Cycle 2 Application

PROGRAM DEADLINE: August 30, 2024 at 11:59 PM PDT (Midnight)

Basic Information	
Applicant Organization Name	·*
Please use the organization's	legal name here, per your IRS nonprofit designation letter.
Tax Status *	
C 501(c)(3) nonprof	fit
	ludes public schools) or tribal agency
C Church/religious	
O Not a nonprofit or	rganization; we have a fiscal
sponsor	
C Other	
Tax ID #/EIN: *	
	or example, 911246778. If you're using a fiscal sponsor, enter the Tax ID/EIN of your fisca
sponsor.	
Name of Fiscal Sponsor *	
	Fiscal Sponsorship Agreement/MOU. *
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Maximum File Size: 20MB No file attached	d

Street Address *	
City *	
State *	
Select one	
Zip Code *	
Is your mailing address different from your street address? *	
C Yes No	
Mailing Address *	
List your mailing address if it different from your street address.	
City *	
State *	
Select one	
Zip Code *	
Main Telephone *	
Website Address	

Personnel	
Executive Director *	
Executive Director Email *	
Primary Contact Name *	
Timary Contact Name	
The primary contact should be directly involved with this grant application and the program you ar	re requesting funds
for.	
Primary Contact Title *	
Primary Contact Telephone *	
Primary Contact Email *	
Total Number of Paid Staff (FTE): *	

Organizational Profile

What is your annual operating budget? *

- C Less than \$250,000
- © Between \$250,000 \$499,999
- C Between \$500,000 \$999,999
- C Greater than \$1 Million

Please share your organization's mission statement and history of serving sout	nwest wasnington. *
	Max Number of Words: 500
The Community Foundation is committed to the values of equity, diversity, incactively strives to support these efforts locally and regionally. We approach this partner with organizations that are committed to addressing disparities in the community. We understand equity is valued by our community however we are anguage explaining why equity is important or having standard non-discrimination.	s work with humility and seek neir organizations and in our e not looking for broader
Please share an example(s) of how your organization proactively promotes equivelenging in your work and if your organization has specific policies that take of include, but are not limited to, any culturally-specific/relevant programming of poard/leadership is reflective of the community you serve, outreach and partney under-resourced populations; projects located in communities lacking critical inculturally-specific business/services; and/or diversity or cultural engagement in organization.	equity into mind. Examples fered; if your erships with historically nfrastructure or near
•	
	Max Number of Words: 50
Ooes your organization actively practice non-discrimination for both staff and observed in the s	
C Yes	
C No	
not, why? *	
not, why.	

Organizational Leadership

We want to learn more about your organizational leadership structure to understand how your organization supports and promotes values of equity, diversity, inclusion and belonging. As we highlighted in our <u>criteria guiding decision-making</u> and through our <u>community impact lens</u>, we are committed to increasing our investments in organizations working to disrupt the cycle of intergenerational poverty with a targeted focus on organizations that partner with communities who have been disproportionally impacted by economic, racial and/or social inequities in our region.

For more on the Focus Grant program's target investments to priority populations, click<u>here</u> and see the FAQ: *Does the Focus Grant Program target its investments to specific priority populations?*

Was your organization founded by and continues to be led by a person (s) who identifies as Black, Native American/Indigenous, Latina/o/x, Native Hawaiian, Pasifika, or a Person of Color? (<i>Please note, we are interested in learning if your organization defines itself as culturally specific; led by the community for which it is serving. If your organization has had leadership change to be more reflective of the communibeing served, please note that in the above DEIB section as an example of how you are operationalizing equity).*</i>	ty
C Yes	
○ No	

To the best of your ability, please indicate the number of leaders (Executive Director/CEO/senior leadership/Board of Directors) in your organization who have the following identities and lived experiences that align with the Focus Grant program's priority populations.

Please download this table template and fill it out, then upload below.

Template Link

Select File

Once you have filled out the template, please save in any format and upload here. $\ensuremath{^{*}}$

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Maximum File Size: 20MB

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If you do not collect this data for senior staff and/or Board Members, please explain.

,		

Grant Request Overview

Grant Request Overview

We invest in the following community impact areas related to intergenerational poverty. Which area most closely aligns with the work you are requesting funding for? $*$
C Basic Human Needs
C Educational Attainment
C Asset Building
Basic Human Needs: Efforts to meet the basic needs of underserved individuals, families and communities
Educational Attainment: Efforts to provide equitable educational opportunities
Asset Building: Efforts to improve the financial health of people and communities facing the biggest barriers to economic mobility
Please select up to three areas of focus that describe your grant request. *
Affordable Housing
Animal Welfare
☐ Arts
Behavioral/Mental Health
Child Advocacy and Foster Care Supports
Community Development
Disability Services
Disaster Relief
Domestic Violence
Early Childhood Education
Economic Development
Education - K-12
Education - Post-Secondary
Environmental Justice
Equity and Support for Historically Under-Resourced Communities
Financial Literacy
Food Security
Health and Wellness
Homelessness
Humanities - library, museum, cultural, public broadcast
Immigrant/Refugee Services
Legal Services
Organizational Development (staff development, capacity building)
Other Basic Need (clothing, personal/household items, technology,
transportation)
Public Policy
Senior Citizen Services
Small Business/Leadership Development
Veterans and Military
Wraparound Services
Youth Development/Mentor Programs
Other

you selected Equity and Support for Historically Under-Resourced we members of the historically under-resourced community targete	Communities, is your organization led d by this grant? *	

If you selected Organizational Development, please select an area of focus describing your organization's overall mission. \ast
C Affordable Housing
C Animal Welfare
C Behavioral/Mental Health
Child Advocacy and Foster Care Supports
C Community Development
C Disability Services
C Disaster Relief
C Domestic Violence
C Early Childhood Education
C Economic Development
C Education - K-12
C Education - Post-Secondary
C Environmental Justice
C Equity and Support for Historically Under-Resourced Communities
C Financial Literacy
C Food Security
C Health and Wellness
C Homelessness
Humanities - library, museum, cultural, public broadcast
Immigrant/Refugee Services
C Legal Services
Organizational Development (staff development, capacity building)
Other Basic Need (clothing, personal/household items, technology,
transportation)
Public Policy Senior Citizen Services
Senior Citizen Services Small Business/Leadership Development
Veterans and Military
© Wraparound Services
Youth Development/Mentor Programs
O Other
- Carel
If you selected Other, please specify.

What priority population(s) does your organization and program/project serve? Please select up to four that most reflect the populations you serve. *
☐ Black
Communities of Color
Foster youth and young adults who have aged out of the foster care system
Historically under-resourced communities or communities lacking critical infrastructure
☐ Immigrants and/or Refugees
☐ Indigenous
Latino/a/x
Native American/Alaska Native
Native Hawaiian
Pasifika
People living on low incomes
People who are unstably housed/unhoused
People who identify as LGBTQ2S+
People with behavioral health issues
People with disabilities (developmental, intellectual, neurodivergent, physical)
Rural and distressed communities
Survivors of domestic violence, gender violence, and/or child abuse
Other
If you selected Other, please specify.
Amount Requested from the Community Foundation *
\$
Beginning in 2021; all Focus Grants are awarded as general operating dollars. If your organization is headquartered outside of southwest Washington, we require that you include a southwest Washington program/project specific budget. (1 to 100000)
Program/Project Title *

	Max Number of Words: 10
Which counties will your grant request serve? *	
Clark	
Clark Cowlitz	
Cowlitz	

Grant Request Details		

Grant Request Narrative
Describe the program(s) for which you are requesting funding. Please include a description of how you used community input to identify need, how your approach will equitably address that need and reduce disparities, a description of the population being served and details about your service delivery model (e.g., culturally-specific/culturally-responsive services, use of best practices, staff experience, etc.).
We are also interested in learning more about how you are engaging in partnerships with local community-based organizations. Please provide meaningful examples of partnerships you have developed (e.g., beyond tabling at events or sending flyers). We would like to learn about partnerships that include a reciprocal and mutual engagement of shared resources. If you haven't yet developed transformational partnerships, please share any barriers or opportunities for engagement.
*
Max Number of Words: 1000
We prioritize funding organizations who work closely with the communities most impacted by poverty and
who seek their clients/communities' input on programming and services. Please share if/how your organization provides culturally-specific/culturally-responsive outreach to the communities you serve or intend to serve. What efforts has your organization made to engage the voices, perspectives and expertise of the clients/communities you serve in developing your work? Include any challenges or opportunities you see here. *
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lease list all other funding sources and amounts for which you are seeking to overnment agencies, businesses and in-kind support. Include whether this to planned.	
dditionally, if your organization is awarded a Focus Grant, how will you sustuild on what you hope to achieve after the grant period? *	tain the proposed activities or
	Max Number of Words: 500

Financial Information	

Financial Attachments & Narrative

All applicant organizations are required to submit organizational financial statements. If you are headquartered outside of southwest Washington, please submit a southwest Washington program/project specific budget.

Please attach a copy of the organization's annual operating budget showing projected revenue and expenses for your current fiscal year. *

Select File

Choose File No file selected

Maximum File Size: 20MB

No file attached

Please attach a copy of the organization's Statement of Activities (also commonly called Profit & Loss Statement or Income Statement) showing actual revenues and expenses for your most recently completed fiscal year. *

Select File

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No file attached

Please attach a copy of the organization's Balance Sheet (also called Statement of Financial Position) for your most recently completed fiscal year, showing assets and liabilities. *

Select File

Choose File No file selected Maximum File Size: 20MB

No file attached

If you are headquartered outside of southwest Washington, please attach a southwest Washington program/project specific budget, showing revenues and expenses (separately) for the entire project/program period.

Select File

Choose File No file selected Maximum File Size: 20MB

No file attached

Please provide a financial narrative if you'd like to elaborate on any special financial circumstances, anomalies, or budget assumptions.

Supplemental Information

Additional Documents If needed, use this space to provide introduction or narrative of any downloaded documents to support your grant request. Upload any additional information to support your grant request.

Select File

Choose File No file selected Maximum File Size: 20MB

No file attached

Examples of additional information include: brochures, letters of support, newspaper article, etc.

Upload any additional information to support your grant request.

Select File

Choose File No file selected

Maximum File Size: 20MB

No file attached

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Select File

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No file attached

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Applicant Questionnaire	
Applicant Feedback	
How many hours did you spend completing this application? *	
(Min Range: 0.00) The Community Foundation strives to ensure the Focus Grant application is fair and equitable and continues to refine the application to achieve this goal. We welcome any feedback on the application process including any challenges you faced.	
Submit Application	
Certification I certify that all information contained in this application is true and correct to the best of my knowledge, and that I am authorized to submit this grant application on behalf of my organization. *	
and that Fam authorized to submit this grant application on behalf of my organization.	