# 2021 Discretionary Grant Application

*Blue Mountain Community Foundation*

## Instructions, Guidelines, Tips

Welcome to the 2021 BMCF Discretionary Grant Application!

Please note, the application has changed.

There are required information-gathering sections. This information is used to gather regional statistics and to determine applicant eligibility for funding but is not part of the evaluation process for an award.

There are 5 narrative questions pertaining to budget, organization, need, plan and evaluation. These 5 questions are clearly marked as scored narratives. Each question is scored on a 0 to 5 scale by the evaluators with a total of up to 25 points/application. The averaged scores are used as guiding information as the evaluation committee makes award recommendations.

Questions? Contact grants manager, Greer Buchanan at greer@bluemountainfoundation.org.

What you will need:

- Tax status documentation, if new applicant
- Current fiscal year budget
- Fiscal sponsor information (EIN#, tax status documentation), if necessary

Tips & Tricks

- Tip: Plan your application
  - o Trick: print the question list to allow you to frame your answers and layout the story through the scored questions.
- Tip: Mind the character limits
  - o Trick: Character limit for each narrative is 1500 (including spaces and punctuation).
  - o Trick: Watch closely at the bottom of the text box. There is a running character count.
  - o Trick: Type your narratives in Word, check for character length and edit there for grammar, spelling, clarity.
- Tip: Keep it succinct

o   Trick: share only what is necessary to communicate the story you are telling. Make an outline and stick to your plan.

- Tip: Gather your documents in one place

  o   Trick: Create a folder on your desktop for supporting documentation: tax status documentation, fiscal sponsor info, etc.

Do you need more help? Check out the Nonprofit Development Center! Confidential and professional consulting services are available for local nonprofits.

## Organization Information

### Organization Type*
Are you applying as a public charity, church, or  public agency?

#### Choices
Church
Fiscally Sponsored Organization
Public Agency
501(c)3 public charity

### Tax Status Documentation
Check your grant portal for a shared copy of the IRS letter of determination. If absent, please upload that document here (or a W-9 for public agencies).

*File Size Limit: 5 MB*

### Lived Experience?*
Does this organization or program employ people with a lived experience similar to that of those being served? Lived experience is defined as "personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people."

#### Choices
Yes
No

### Mission Statement*
Share the mission of your organization.

*Character Limit: 500*

### Endowment*
Does your organization currently have an endowment?

#### Choices
Yes

No
Not yet

## Fiscal Sponsor Information

To be eligible to receive a grant, you must be either a 501c3 nonprofit, a public agency, or a church. If your organization is not, you may work with a qualifying agency as a fiscal sponsor.

### Fiscal Sponsor Name

Please enter the name of the organization that is acting as your fiscal sponsor

*Character Limit: 250*

### Fiscal Sponsor EIN

*Character Limit: 25*

### Fiscal Sponsor Additional Info

Please indicate that you understand and agree to provide an MOU (memorandum of understanding) to support the fiscal sponsor relationship if an award is made to support this program.

### Choices

Yes
No

## DEI Data

*We are gathering demographics of the organizations and communities we serve. Please answer these demographic questions with your best estimates. The federal poverty level question in particular might be hard to answer. Please just give us your best guess. Your answers to these questions are not shared as unique data points or factored into grant decisions. This information will be used anonymously to inform a larger data pool.*

### Percentage of board members who identify as people of color?*

### Choices

0-10%
11-20%
21-30%
31-40%
41-50%
51-60%
61-70%
71-80%
81-90%

91-100%

## Percentage of board members who identify as women?*
Choices
0-10%
11-20%
21-30%
31-40%
41-50%
51-60%
61-70%
71-80%
81-90%
91-100%

## Percentage of board members with a family income below 100% of the federal poverty level?*
More information about the federal poverty level here.
Choices
0-10%
11-20%
21-30%
31-40%
41-50%
51-60%
61-70%
71-80%
81-90%
91-100%
I don't know

## Board Representation?*
Are there any people on this organization's Board of Directors or governing body that represent the community that this organization serves? We are not referring to publicly-elected representatives.
Choices
Yes
No

## Board Engagement*
Indicate the percentage of the organization's board members who financially contributed in the past fiscal year to support general operations or the program proposed in this application.
Choices
0-10%
11-20%

21-30%
31-40%
41-50%
51-60%
61-70%
71-80%
81-90%
91-100%

## Board Recruitment?*

In the past 12 months has your organization publicly posted* an open board position?

*Publicly posted, for our purposes, is defined as a community announcement in a newspaper, social media, newsletter or other public communication method.

### Choices

Yes
No

## Percentage of staff who identify as people of color?*

### Choices

0-10%
11-20%
21-30%
31-40%
41-50%
51-60%
61-70%
71-80%
81-90%
91-100%

## Percentage of staff who identify as women?*

### Choices

0-10%
11-20%
21-30%
31-40%
41-50%
51-60%
61-70%
71-80%
81-90%
91-100%

## Percentage of staff members with a family income below 100% of the federal poverty level?*

More information about the federal poverty level here.

### Choices
0-10%
11-20%
21-30%
31-40%
41-50%
51-60%
61-70%
71-80%
81-90%
91-100%
I don't know

## Percentage of clients who identify as people of color?*
### Choices
0-10%
11-20%
21-30%
31-40%
41-50%
51-60%
61-70%
71-80%
81-90%
91-100%

## Percentage of clients who identify as women?*
### Choices
0-10%
11-20%
21-30%
31-40%
41-50%
51-60%
61-70%
71-80%
81-90%
91-100%

## DEI Statement?*
Does your organization have a board-adopted DEI Statement?

### Choices
Yes
No
We are working on it

## Diversity, Equity & Inclusion*

Please describe how diversity, equity and inclusion policies and practices are demonstrated in your organization's work.

*Character Limit: 500*

# Budget Information

## Budget*

Upload a current fiscal year organization budget OR program-specific budget.

*File Size Limit: 5 MB*

Budget information to consider sharing as applicable:

- Show detail (both income and expenses)

- Align with the proposed activities

- Not contain unexplained large amounts for miscellaneous or contingency

- Include value of any in-kind contributions

- Appear to be sufficient to perform the activities outlined in the grant proposal

- Include any resources from other sources, e.g. other grants, fundraisers, donations, local government, foundation funds

- Tell the same story as the proposal description

Evaluators will score the information shared in this narrative on a 0 to 5 scale.

Scale:
0: Insufficient budget, fails to convey feasibility or need
3: Adequate budget, contains some gaps and inconsistencies
5: Exemplary budget, congruency between proposal and budget

# Proposal

## Program Name*

General operating or specific project/program title.

*Character Limit: 30*

## Amount Requested*

Request range between $2,500 - $35,000.

*Character Limit: 20*

## Service Area?*

Where does your organization provide services?

### Choices

Columbia County
Garfield County
Umatilla County
Walla Walla County
All of the Above
None of the Above
Other

## If other, please elaborate

*Character Limit: 100*

## Who do you serve?*

Please select all that apply.

### Choices

Children - Ages Birth to 5
Children - Ages 6-12
Teens - Ages 13-17
Young Adults - Ages 18-25
Adults - Ages 26+
BIPOC (Black, Indigenous, People of Color)
Families
Latinx/Hispanic
LGBTQ+ (lesbian, gay, bisexual, transgender, queer)
Low-Income
Medicaid Recipients
Parents
Retirees
Students
Veterans
Other
All of the Above

## If other, please elaborate

*Character Limit: 50*

## Number Served, past*

Total number of individuals served in the past 12 months.

*Character Limit: 15*

## Number Served, future*

Approximate the number of participants that will be served or impacted by this proposal.
Please try to be as accurate as possible.

*Character Limit: 15*

## Calculating Number Served*

How do you determine the number served?

*Character Limit: 500*

## Who Are You?*

Describe your organization, establish credibility.

Examples of information to consider/share:

- Provide a brief history of the organization (when, where and how it started).
- What was the original issue and/or opportunity this organization was founded to address?
- Outline the current work of the organization (why does it exist?).
- How does this organization approach its work?
- What progress or innovation has resulted from your work?
- What are the goals and objectives of the organization?
- Describe the organizational capacity (technology, staffing, partnerships) to accomplish these goals and objectives.

Evaluators will score this question on a scale of 0 to 5.

Scale:
0: Insufficient information shared about organization
3: Adequate information shared about organization
5: Exemplary information shared about organization

Check out the NDC Micro Training on Organizational History for guidance and insight!

*Character Limit: 1500*

## Need/Problem Statement*

Explain the community need/problem your organization seeks to address with the requested grant funds.

Examples of information to consider/share:

- Define the need/problem to be addressed.
- Geographic area served.
- How was it determined that this need/problem exists?
- Is your approach supported by relevant statistical evidence?

- Is your approach informed by constituent input?

- Does this directly relate to the organization's mission?

- Establish the significance of the need/problem so evaluators understand why this request should be funded now.

Evaluators will score the information shared in this narrative on a 0 to 5 scale.

Scale:

0: Insufficient description/rationale of need/problem
3: Adequate description/rationale of need/problem
5: Exemplary description/rationale of need/problem

*Character Limit: 1500*

## Proposal to Address Need*
Tell us how you plan to address the need/problem detailed above.

Examples of information to consider/share:

- How will your organization address the need/problem?

- What are the specific goals and objectives of your proposal?

- How does this approach align the organization's strategic plan?

- Activities, expenses and timelines.

- Why is the organization approaching the need in this way?

- What is the organization's capacity to address the need or problem?

- Will your approach address the root causes of the need described?

- What is absolutely critical to know about the proposal in order to understand it?

Evaluators will score the information shared in this narrative on a 0 to 5 scale.

Scale:
0: Insufficient justification of proposal
3: Adequate justification of proposal
5: Exemplary justification of proposal

*Character Limit: 1500*

## Evaluation Plan*

Identify one or two outcomes that will illustrate the impact of a successful grant proposal.

Things to consider/share:

- How will you measure outcomes?

- How will you use the findings from your evaluation?

- Include both quantitative (hard data, statistics) and qualitative (surveys, interviews, observations) information

- Specify when evaluation will occur

- Be able to provide facts that measure the effectiveness and efficiency of the program

Evaluators will score the information shared in this narrative on a 0 to 5 scale.

Scale:
0: Insufficient evaluation plan
3: Adequate evaluation plan
5: Exemplary evaluation plan

*Character Limit: 1500*

## Collaboration/Support Received

Please briefly list collaborators and/or any grants or other support received.

*Character Limit: 750*

## Optional File Upload & Description

Have more to share? Upload supplemental information here and please tell us why.

*Character Limit: 100 | File Size Limit: 10 MB*

## *Sustainability*

### What else?

Aside from grant support, what are other ways BMCF can support the work you do?

*Character Limit: 1000*

## *Feedback*

### Recommendation

Do you have any feedback or recommendations for this application process?

*Character Limit: 750*

## Time Comittment*

How long did this application take for you to complete? We are constantly working to lower the burden on our applicants and your honest answer here will help us with this ongoing goal. We want lower numbers here!

### Choices
1 - 2 hours
3 - 5 hours
6 - 8 hours
9 - 11 hours
Over 12 hours

## *Signature*

By completing the section below, you certify that you are authorized to make decision and enter into grant agreements on behalf of the affiliated organization or program. You further attest that the information provided on this application is true and accurate to the best of your knowledge.

## Representative Name*
*Character Limit: 80*

## Title*
*Character Limit: 100*

## Date Approved*
*Character Limit: 10*