Dayton/Columbia County Washington Fund 2022 Application

Blue Mountain Community Foundation

Service Area Eligibility

Does this organization currently provide services in Columbia County?*

Choices

Yes

No

Instructions, Guidelines, Tips

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: 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! Free, confidential and professional consulting services are available for local nonprofits.

DEI Data

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DEI stands for Diversity, Equity and Inclusion.

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/governing body 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%

We do not have a board of directors/governing body

Percentage of board/governing body 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%

We do not have board members/governing body

Percentage of board/governing 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%

We do not have board members/governing body

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%

We do not have a board of directors

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 paid staff/active volunteers 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%

We do not have paid staff/active volunteers

Percentage of paid staff/active volunteers 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%

We do not have paid staff/active volunteers

Percentage of paid staff/active volunteers with a family income below 100% of 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%

We do not have paid staff/active volunteers

Percentage of those served by the organization 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 those served by the organization 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 those served with a family income below 100% of the federal poverty level?*

Choices

0-10%

11-20%

21-30%

31-40%

41-50%

51-60%

61-70%

71-80%

81-90%

91-100%

Lived Experience*

Do those delivering service for the organizations (staff or volunteers) 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

Unsure

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

Endowment*

Does your organizations currently have an endowment?

Choices

Yes

No

Not yet

Application Questions

Project Name*

Character Limit: 100

Letter of Determination*

For 501c3 nonprofits - Please upload a copy of your organization's Letter of Determination from the IRS.

For governmental agencies - Please upload a copy of the W-9 Form for your agency.

File Size Limit: 5 MB

Purpose of Grant*

General operating requests are for support of an organization as a whole. Municipality applicants will not be considered for general operating grants.

Special program/project requests are for support of a specific activity of the organization consistent with its mission.

Capital expenditure requests are for funds for the purchase of new or additional equipment or building improvements.

Choices

General Operating
Special Program/Project
Capital Expenditure
Start-up Costs
Technical Assistance
Other

If other, please explain

Character Limit: 250

Project Description*

Please use this space to provide an in-depth explanation of your project. If you are requesting funds for general operating, please also include your organization's mission and how these funds will impact your ability to fulfill your mission.

Character Limit: 1500

Participants*

Please enter the number of participants to be served with this project/program.

Character Limit: 8

Calculating Number Served?*

How do you determine the number served?

Character Limit: 250

Collaboration/Support Received*

Briefly list collaborators and/or other support received.

Character Limit: 750

Organization Annual Budget*

Character Limit: 20

Program Budget*

Character Limit: 20

Fiscal Year Start Date*

Character Limit: 10

Fiscal Year End Date*

Character Limit: 10

Amount Requested*

Maximum request amount is \$15,000

Character Limit: 20

Additional Information

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

Character Limit: 750 | File Size Limit: 10 MB

Feedback

Other Support?

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

Character Limit: 1000

Recommendation

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

Character Limit: 750

Time Commitment*

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

Application Submission

Sharing Funding Opportunities

BMCF maintains relationships with other regional grantmakers and may share grant applications with them that they might be interested in funding. We do this as a way to potentially increase grant funding for organizations, possibly including yours. This sharing will include, but is not limited to, organization name, contact name and details, amount requested, narrative responses and the award status associated with this grant request.

In other words, BMCF might share your grant application with other grantmakers. If you do NOT want BMCF to share your application, please select below "NO - Do not share this information with other funders."

Choices

NO - Do not share this information with other funders.

By entering the names below, you attest that the information provided on this application is true and accurate. You also agree that if any grant funds are awarded to your organization that these funds will be used for the purpose stated above.

Board of Directors Name*

Character Limit: 250

Approval Date*

Character Limit: 10

Executive Director Name*

Character Limit: 250

Approval Date*

Character Limit: 10

Ineligible

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You answered that this organization does not currently serve Columbia County, Washington therefore service area eligibility has not been met. Thank you for your interest, please continue to check for grant opportunities through Blue Mountain Community Foundation. Current opportunities are listed in the Apply screen in your grants portal.