Warren Community Action Fund 2022

Blue Mountain Community Foundation

Location

County Served*

Indicate the geographic location served by this organization/proposal.

Choices

Columbia County
Waitsburg, WA, Walla Walla County
None of the Above

Nonprofit Status

Project Name*

Character Limit: 100

501c3 Status*

Choices

501c3 Nonprofit
Governmental Unit
Church
None of the Above

Founding Year*

Please enter the 4 digit year the organization was founded.

Character Limit: 4

Tax Deductibility Section

Letter of Determination*

Upload a copy of your IRS Letter of Determination.

File Size Limit: 5 MB

Governmental Unit

W-9 Upload*

Upload a copy of the organization's W-9 form.

File Size Limit: 5 MB

Fiscal Sponsor Section

You indicated above that you are not a 501(c)3, church or municipality. To meet the eligibility requirements for this grant you must apply under a fiscal sponsor that is registered as one of those three entity options. Provide that organization's information in this section.

Sponsor Name*

Please enter the name of the organization serving as your fiscal sponsor.

Character Limit: 250

Fiscal Sponsor EIN*

Character Limit: 15

Fiscal Sponsor IRS Letter*

If your fiscal sponsor is a 501c3, please upload a copy of their IRS Letter of Determination.

If your fiscal sponsor is a governmental unit, please upload a copy of their W-9.

File Size Limit: 5 MB

Fiscal Sponsor Letter*

If you are applying with a fiscal sponsor, please upload a copy of a Fiscal Sponsorship Letter, provided by the organization acting as the sponsor, stating that they agree to the partnership.

Example Fiscal Sponsor Letter

File Size Limit: 5 MB

Organization Information

Annual Budget*

Please enter the annual budget for the organization

Character Limit: 20

Employees*

How many Full Time Employees does your organization have?

Character Limit: 20

Executive Director Bio*

Please provide a brief description of the organization's executive director/CEO's experience and qualifications.

Character Limit: 350

Board Members*

Upload a current list of board members for this organization, indicate officers and titles.

File Size Limit: 10 MB

Project Information

Project Summary*

Please give a brief summary of the program/project you are proposing. You will have the opportunity to expand on the project later in the application.

Character Limit: 250

Grant Purpose*

What is the purpose of this proposal? You may select more than one option if applicable.

Choices

Capital Project
General Operations
Project/Program
Other

If other, please explain

Character Limit: 75

How long has this program/project been active?*

For general support requests, how long has the organization been active?

Choices

New Program - Not Yet Launched
New Program - Less than 12 months
1-3 Years
4-7 Years
8-10 Years
More than 10 years

Project Longevity*

Is this a one-time project or a program that your organization plans on maintaining long-term? Programs that will run annually should be considered Long-Term Projects.

Choices

Long-Term Project
Short-Term Project

One-Time Project

Project Longevity Description*

If this is a long-term project, please give a brief explanation of how your organization proposes to obtain the funding necessary to continue the program past the term of the grant.

If this is a one-time project, please give a brief explanation of why this project is best suited for a one-time event or short period.

Character Limit: 500

Number Served*

Please enter the approximate number of participants that will be served or impacted by this proposal.

Character Limit: 8

Calculating Number Served*

Please explain how you calculated the reported number served.

Character Limit: 500

Who do you serve?*

Please select all that apply

Choices

Children - birth to 5
Children - Ages 6-12
Teens - Ages 13-17
Young Adults - Ages 18-25
Adults - ages 26+
Families
Hispanic/Latino/a/x
Homeless
LGBTQ
Low-Income
Parents
Persons with disabilities
Retirees
Students
Veterans
Other

If other, please explain

Character Limit: 50

Program Budget*

Please enter the annual budget for this program/project. If requesting general support, please enter the annual budget for the organization.

Character Limit: 20

Amount Requested*

Character Limit: 20

Detailed Description*

Please provide a detailed description of your proposal.

Items to include:
- location(s) of the program
- timeline
- any additional partnerships or resources not shared above
- any additional relevant information

Character Limit: 1000

Collaboration/Support Received*

List volunteers, collaborators, community partners, other funders or any other entity supporting the organization/work detailed this request.

Character Limit: 1000

Five Year Outlook*

Where do you ideally see this project/program in 5 years?

Character Limit: 500

More to share?

Upload an additional information relevant to the proposal.

File Size Limit: 10 MB

Application Submission

Application Sharing

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 my request 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 President/Chair Name*
Character Limit: 80

Date Approved*
Character Limit: 10

Executive Director Name*
Character Limit: 80

Date Approved*
Character Limit: 10

Service Area Ineligible

You answered that this organization does not currently serve Columbia County or Waitsburg 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.