

City of WW - ARPA Nonprofit Support

Blue Mountain Community Foundation

Instructions, Guidelines, Tips

The City of Walla Walla - ARPA Nonprofit Support grant program is designed to support organizations, programs, and activities that benefit City of Walla Walla residents.

ELIGIBILITY - APPLICANTS MUST BE

Tax-exempt under section 501(c)3 of the Internal Revenue Code.

Operating in and serving City of Walla Walla residents and/or businesses

FUNDING PRIORITIES

Eligible organizations with demonstrable financial impacts directly related to the COVID-19 pandemic.

GRANT TERMS

Maximum award amount is \$15,000/organization

Proof of commercial liability or similar insurance held by grantee must be provided

Awarded funds must be spent by August 31, 2022

Grant reporting is required and must be submitted no later than September 10, 2022

INELIGIBLE ENTITIES

Organizations based in or serving populations outside the City of Walla Walla

Organizations debarred from receiving federal funding

Municipal organizations

Any organization that is not recognized as a 501(c)3

For profit entities and individuals

INELIGIBLE FUNDING REQUESTS INCLUDE

Damages covered by insurance

Endowment/reserves

Payment of outstanding debt/retroactive expenses

Funding for the purpose of re-granting to another entity

Annual appeals, fundraising events, membership contributions

Political campaigns or direct lobbying efforts

Proselytization/religious purposes

Expenses eligible for reimbursement through any other contract/agreement

Location

Organization Location*

Is this organization located in the City of Walla Walla and serving City-based residents or businesses?

Choices

Yes

No

Organization Information

Organization Type*

Applicants must be a recognized 501(c)(3). If your organization is not you MUST apply under a fiscal sponsor that is a recognized 501(c)(3) public charity.

Choices

501(c)(3) Public Charity

Fiscally Sponsored Entity

Diversity, Equity and Inclusion (DEI) Data

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

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 (diversity, equity, inclusion) 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

Demonstrated Financial Impact

Demonstrable financial impact as a result of the pandemic is an eligibility requirement for all applicants. The following questions are intended to ascertain this information.

Net Budget Impact*

What is the net impact, in dollars, of pandemic revenues minus pandemic expenses for this organization?

Character Limit: 20

Net Budget Impact Calculation*

Explain how you calculated the number reported above.

Character Limit: 250

Financial Impact Details*

Describe the financial impacts of the pandemic on your organization.

Character Limit: 1000

Financial Stability Impact*

On a scale of 0 - 5 share how the pandemic has impacted this facet of your work.

Scale details:

0 = absolutely no negative impact

1 = minor impact

3 = significant impact

5 = complete impact

Scoring Options: 0 - 5 or N/A

Revenue/Fundraising Impact*

On a scale of 0 - 5 share how the pandemic has impacted fundraising/other revenue streams for this organization?

Scale details:

0 = absolutely no negative impact

1 = minor impact, slight decrease

3 = significant impact, some decrease in revenue for a portion of the pandemic

5 = complete impact, we completely lost our ability to generate revenue for a significant portion of the pandemic

Scoring Options: 0 - 5 or N/A

Facilities Impact*

On a scale of 0 - 5 share how the pandemic has impacted this facet of your work.

Scale details:

0 = absolutely no negative impact, business as usual

1 = minor impact, some changes/closures of facilities

3 = significant impact, significant changes/closures of facilities

5 = complete impact, we completely changed/closed our facilities for a significant portion of the pandemic

Scoring Options: 0 - 5 or N/A

Staffing Impact*

On a scale of 0 - 5 share how the pandemic has impacted this facet of your organization.

Scale details:

0 = absolutely no negative impact

1 = minor impact, slight decrease/change in staffing/recruitment

3 = significant impact, significant decrease/change in staffing/recruitment

5 = complete impact, complete impact on staffing/recruitment for a significant portion of the pandemic

Scoring Options: 0 - 5 or N/A

Volunteer Impact*

On a scale of 0 - 5 share how the pandemic has impacted this facet of your work.

Scale details:

0 = absolutely no negative impact

1 = minor impact, slight changes in volunteer numbers

3 = significant impact, some changes in volunteer numbers

5 = complete impact, we lost most volunteer assistance for a significant portion of the pandemic

Scoring Options: 0 - 5 or N/A

Client Need Impact*

On a scale of 0 - 5 share how the pandemic has impacted this facet of your work.

Scale details:

0 = absolutely no negative impact

1 = minor impact, some increased need

3 = significant impact, marked increase in need

5 = complete impact, exponential increase in need

Scoring Options: 0 - 5 or N/A

Service Delivery Impact*

On a scale of 0 - 5 share how the pandemic has impacted this facet of your work.

Scale details:

0 = absolutely no negative impact

1 = minor impact, slight challenges/changes

3 = significant impact, notable challenges/changes

5 = complete impact, complete overhaul of how we deliver services

Scoring Options: 0 - 5 or N/A

Planning Impact*

On a scale of 0 - 5 share how the pandemic has impacted this facet of your work.

Scale details:

0 = absolutely no negative impact

1 = minor impact, slight changes to our ability to plan into the future

3 = significant impact, major changes to long-term planning

5 = complete impact, we have struggled to make plans beyond the immediate future for a significant portion of the pandemic

Scoring Options: 0 - 5 or N/A

Other COVID-19 Funding Assistance Received*

Organizations that received other funding assistance throughout the pandemic must disclose the funding source and amount received. Select all that apply and provide details below.

Choices

Federal CARES Act Funding

Paycheck Protection Program (PPP) loans

Economic Injury Disaster Loans (EIDL)

Community Development Block Grant - Coronavirus (CDBG-CV)

BMCF COVID-19 Assistance

Other

None

Funding Assistance Details

Use this area to list each funding source and dollar amount in the following format.

EX:

CARES Funding, \$50,000

PPP Loan, \$75,000

Character Limit: 500

Operating Reserves*

Select the most applicable**.

**Please note: ARPA Funds cannot be used to replenish organizational reserves.

Choices

We don't have operating reserves.

We had operating reserves but they have been depleted during the pandemic.

We have some operating reserves but did utilize them in the last two years to bridge gaps.

We have operating reserves and only barely used them during the pandemic.

We have operating reserves and did not touch them to address pandemic impacts.

Share a bit more*

Describe in more detail the impact the pandemic has had on your organization. This is your space to share the story of your organization's last two years.

Ideas:

- Focus on one or more of the categories listed above and provide more context.
- Share other challenges not included above faced by your organization throughout the pandemic.
- Tell us what your organization's pandemic pivot really looked like.
- Share a client/volunteer/staff anecdote/testimonial/story.

Character Limit: 1500

Outlook as of March 2022*

On a scale of 0 - 5 share how the pandemic has impacted this facet of your work.

Scale details:

0 = Things are looking great, we anticipate success

1 = Things are mostly good; we still have some challenges

3 = Things are not good; we are still struggling significantly

5 = Things are terrible; the future is uncertain

Scoring Options: 0 - 5

Proposal

Grant Request Title*

Provide a title for your grant request. This could be general operating or a specific program. BMCF reserves the right to amend/change this title.

Character Limit: 250

Amount Requested*

A maximum of \$15,000 per organization.

Character Limit: 20

Grant Purpose*

Select applicable option.

Choices

General Operating
Program Support
Other

If other, please elaborate

Character Limit: 100

How long has this organization/program been active?*

Choices

New Program - not yet launched
New Program - less than 12 months
1 - 5 years
6 - 10 years
More than 10 years

Organization/Program Longevity*

Tell us the scope and longevity associated with this request.

Choices

Short-term
Long-term
One-time project

Number Served*

Approximate the number of City of Walla Walla residents that will be served by a successful proposal. Keep in mind the funding must be utilized by August 30, 2022.

Character Limit: 15

Calculating Number Served*

Briefly explain how you determined the number reported above.

Character Limit: 250

Who do you serve?*

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

Tribal Entities

Veterans

Other

All of the Above

If other, please elaborate

Character Limit: 250

How will ARPA funds be utilized?*

Tell us how you plan to deploy any ARPA funding awarded to this organization. Keep in mind the deadline to expend grant funds is August 31, 2022.

Examples of information to consider/share:

- What is the need/problem and how will your organization address it?
- How does this proposal align the organization's mission?
- What is the organization's capacity to address the need/problem within the timeframe?
- What are the specific goals and objectives of your proposal? How will these be tracked for reporting?
- Share any known details pertaining to activities, expenses and timelines associated with this request.
- 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 explanation/justification of proposal

3: Adequate explanation/justification of proposal

5: Exemplary explanation/justification of proposal

Want more assistance? Visit the Nonprofit Development Center's website for guided tutorials and trainings or to book a free, private consulting appointment.

Character Limit: 1500

Optional File Upload

Upload relevant supplemental information here and provide context.

Character Limit: 250 | File Size Limit: 10 MB

ARPA Requirements

Awarded Funds*

Do you certify that you will be able to spend the entirety of any awarded funding (maximum of \$15,000) prior to August 31, 2022?

Choices

Yes

No

Unsure

Certificate of Insurance*

It is a requirement of successful applicants to provide proof of commercial liability or similar insurance held by the organization prior to award payment. Will you be able to do this?

Choices

Yes

No

Grant Reporting*

Do you agree to submit a complete report for any grant award, including detailed expenses, individuals served, photographs/stories, and any other relevant materials no later than September 10, 2022?

Choices

Yes

No

Unsure

Feedback

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

Signature

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 completing the section below, you certify that all of the following statements are true and correct and that you and your organization will abide by them.

1. You are authorized to make decisions and enter into grant agreements on behalf of the organization for which you are submitting this application.
2. The information provided in this application is true and correct and can be used as admissible evidence in any legal proceeding brought against the organization if the City or BMCF attempts to recoup any grant funds provided under false pretenses.

3. You and your organization agree to comply with all grant terms and restrictions and understand that the failure to do so will result in a requirement that grant funds be returned to BMCF.
4. You and your organization understand that all applications submitted are public record and any application materials, including report information, are subject to disclosure pursuant to the Washington Public Records Act unless otherwise exempt.
5. If a grant award is made to your organization, the organization shall maintain records, books, documents, and any other materials relevant to this application and performance under the grant agreement and that such records shall be subject to inspection, review, and audit by BMCF, the City of Walla Walla, the Washington State Auditor's Office and others as required by the Interim Final Rule and Compliance & Reporting Guidelines for five years following the use or termination of the award.
6. You and your organization, by accepting a grant from BMCF under this grant program, release and waive any and all claims of every type and description, known and unknown, which your organization may come to have against BMCF or the City of Walla Walla arising in any manner related to your organization's use of the grant funds.
7. Unless you opted out of BMCF doing so, you and your organization authorize BMCF to share application details with other qualified funders.

Applicant Name*

Character Limit: 80

Title*

Character Limit: 100

Date*

Character Limit: 10

Outside City

You answered that this organization is neither located in nor serving the City of Walla Walla. This is a requirement for City of Walla Walla ARPA Grant funding; service area eligibility has not been met. Please continue to check for applicable grant opportunities for your organization on the BMCF website.

Fiscal Sponsor Information

Organizations that are not a recognized 501(c)(3) are not eligible to apply for this funding. If you have a fiscal sponsorship agreement with a recognized 501(c)(3) public charity that organization

must complete and submit the application. Please contact your fiscal sponsor to discuss next steps.