

# 2022 Discretionary Grant Application

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## *Blue Mountain Community Foundation*

### *Instructions, Guidelines, Tips*

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Blue Mountain Community Foundation's annual discretionary grant program is designed to support nonprofit organizations and charitable entities that benefit the community of Columbia, Garfield, Umatilla and Walla Walla County.

#### SERVICE AREA ELIGIBILITY

Applicants must be based in, or provide services to, Columbia, Garfield, Umatilla, or Walla Walla Counties.

#### ELIGIBLE ORGANIZATIONS

- 501(c)(3) public charities;
- Private operating foundations;
- Religious organizations with a 501(c)(3) determination letter from the IRS;
- Municipalities with specific public purposes, including Native American tribal governments.

#### FUNDING FOCUS

General Operating Support

#### GRANT AMOUNT

Maximum request amount is \$20,000/organization

#### INELIGIBLE ORGANIZATIONS OR PURPOSES

- Annual campaign appeals;
- Endowments;
- For-profit organizations;
- Individuals;
- Political or lobbying activities;
- Religious organizations for sacramental or theological purposes;
- Post-secondary Educational Scholarships;
- Expenses already incurred or debt;
- Fundraising events and sponsorships;
- Organizations recognized as a 501(c) other than a 501(c)(3);

- For profit entities and individuals.

### APPLICATION INFORMATION

- This application contains 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 2 narrative questions pertaining to organization and mission delivery. These questions are clearly marked as scored narratives. Each question is scored on a 0 to 5 scale by evaluators.
- There is 1 question pertaining to organizational budget and is clearly marked as a scored question with the same 0 to 5 scale.
- The maximum score is 15 points/application/evaluator. The evaluator scores are totaled, averaged and used as guiding information as the evaluation committee makes award recommendations.

### YOU WILL NEED

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

### TIPS & TRICKS

- Tip: Plan your application
  - 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
  - Trick: Character limit for each narrative is 1500 (including spaces and punctuation).
  - Trick: Watch closely at the bottom of the text box. There is a running character count.
  - Trick: Type your narratives in Word, check for character length and edit there for grammar, spelling, clarity.
- Tip: Keep it succinct
  - 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
  - Trick: Create a folder on your desktop for supporting documentation: tax status documentation, fiscal sponsor info, etc.
- Tip: Check out the Nonprofit Development Center!

Questions? Contact grants manager, Greer Buchanan at [greer@bluemountainfoundation.org](mailto:greer@bluemountainfoundation.org).

## *Service Area Eligibility*

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### **Service Area?\***

Where does your organization provide services? Check all that apply.

#### **Choices**

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

## *Service Area - None of the Above*

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Organizations serving communities outside of the BMCF service area of Umatilla, Walla Walla, Columbia and Garfield Counties are ineligible to apply.

## *Organization Information*

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### **Organization Type\***

Are you applying as a public charity, church, or public agency?

#### **Choices**

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

### **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*

### **Mission Statement\***

Share the mission of your organization.

*Character Limit: 500*

### Lived Experience?\*

Does this organization employ individuals, or encourage volunteers, with a lived experience similar to those being served?

Lived experience is defined by Oxford Reference as “personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people.”

Additional information about the lived experience concept and funders.

#### Choices

Yes  
No

### Endowment\*

Does your organization currently have an endowment?

#### Choices

Yes  
No  
Not yet

## *Fiscal Sponsor Information*

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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

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*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%

N/A - we do not have paid staff

**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%

N/A - we do not have paid staff

**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

N/A - we do not have paid staff

**Percentage of those you serve 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 you serve 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.

*This will be a real-life example NOT a DEI statement. We are looking for an example of how your organization's DEI statement shows up in your daily operations and mission delivery.*

*Character Limit: 500*

## Organizational Questions

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### 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: 100*

### General Operating\*

The 2022 BMCF discretionary grants cycle is focused on providing general operating support for successful applicants. Please type "general operating" in this field to indicate that your request falls into our 2022 funding focus.

*Character Limit: 30*

### Amount Requested\*

General operating grants up to \$20,000 per organization.

*Character Limit: 20*

### Number Served, past\*

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 your organization in the next 12 months. 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 was established to address. Then tell us how you address that need and how a general operating grant can support this work.

Examples of information to consider/share:

- What is the community need/problem this organization addresses?
- How was it determined that this need/problem exists?
- How does your organization address the need/problem?
- Why is the organization approaching the need in this way?
- What is the organization's capacity to address the need/problem?
- What are the specific goals and objectives of your work?
- Is your approach supported by relevant statistical evidence?
- Is your approach informed by constituent input?
- Does your approach address the root causes of the need described?
- Why is general operating funding important to support the work you do?
- What is absolutely critical to know about your work in order to understand it?

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

Scale:

0: Insufficient description/rationale/justification of organization's work

3: Adequate description/rationale/justification of organization's work

5: Exemplary description/rationale/justification of organization's work

Check out the NDC Micro Training on drafting a Problem Statement!

*Character Limit: 1500*

## 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*

## Budget Information

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Your complete budget should:

- Show detail (both income and expenses) including administrative overhead.
- Include value of any in-kind contributions
- Include any resources from other sources, e.g. other grants, fundraisers, donations, local government, foundation funds
- Tell the same story as the organization 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

## Budget\*

Upload a current fiscal year organization budget.

*File Size Limit: 5 MB*

## Sustainability

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**Do you feel supported by the BMCF team?**

Choices

Yes

No

## What else?

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

*Character Limit: 1000*

## Feedback

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### 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

### Recommendation

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

*Character Limit: 750*

## Signature

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### Sharing Information

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 could 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. Your typed name, title and date serve as a binding electronic signature.
3. 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 BMCF attempts to recoup any grant funds provided under false pretenses.

4. 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.
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 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 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.

**Representative Name\***

*Character Limit: 80*

**Title\***

*Character Limit: 100*

**Date Approved\***

*Character Limit: 10*