Organizational Information

General Information

Name of Organization*

_____

EIN*

_____

Previous Name, if changed

_____

Mailing Address Street 1*

_____

Mailing Address Street 2

_____

City*

_____

State*

_____

Zip Code *

_____

Website

_____

Phone*

_____

Name of Director/CEO*

_____

Title of Director/CEO*

_____

Physical Address Street 1 (if different from mailing address)

_____

Physical Address Street 2

_____

City

_____

State

_____

Zip

_____

When was your organization established?*

_____

How is your organization classified as a charity?*

Select...

What is your mission statement?*

_____

Does your organization have an endowment?

☐ No

☐ Yes

What is your organization's fiscal year end date?*

_____

Contact Person for this Proposal

First Name*

Last Name*

Job Title*

Email Address*

Preferred Phone Number*

Has the organization applied for a grant from the Springfield Foundation in the past?

☐ No

☐ Yes

DRAFT

Organizational Background

Please attach your organization's board approved Diversity, Equity, and Inclusion (DEI) Statement:*

No file chosen

What steps has the organization taken to implement Diversity, Equity, and Inclusion into its work?*

How many full-time paid employees does your organization have?*

How many part-time paid employees does your organization have?*

How many Volunteers does your organization have?*

Is there a finance professional affiliated with your organization? (i.e., a member of your staff, a member of your board or someone contracted to provide financial support and guidance.)

☐ No

☐ Yes

Board Information

Use this table to input the requested information about your organization's Board of Directors:*

All columns must be filled out with information about your board members. You can add and delete rows as needed.

Board Member's Name	Place of Employment and Title	Gender	Race/Ethnicity	County of Residence	Years on the Board

What is the name of your Board President?*

[   ]

How often does your Board of Directors meet?*

[Select...   ]

What is expected of your Board members? Choose all that apply.*

☐ Develop Policy
☐ Create Strategic Plan
☐ Provide Oversight to the Organization
☐ Contribute Financially
☐ Supervise Paid Staff
☐ Volunteer service to the organization

Please describe other duties expected of the board.

[   ]

How many Board members does your organization have?

*

[   ]

Request Description

What type of request is this?*

See page 7 of the Grant Guidelines for descriptions of each type.

Select...

What is the title of the Program/Project?*

If an operational request, enter Operational Support as the title.

Is this a new program/project for your organization?

☐ No   ☐ Yes

Is this a long-term or multi-year program/project?

☐ No   ☐ Yes

Please select the Focus Area of this request.*

Select...

Clearly describe the program or project this grant would fund and tell us why it is important for the community that you serve. If this is an operational request tell us how grant funding will support your mission.*

Please list one or more of the Foundation's goals this request will address based on the focus area selected above. If your request does not address one of the Foundation's goals, please indicate such and explain why this request is important to Clark County.*

Provide demographic and geographic information regarding the community or population benefiting from or served by this request.*

How many individuals do you anticipate will be served by this program or project during the one year grant period?*

How do you calculate that number? (Examples: we count the number of individuals; the number of families; both the individual and their family members; the number of animals.)*

Will you be partnering or collaborating with other community organizations on this program or project?

☐ No   ☐ Yes

What is the total cost of this program/project?*

What amount of funding are you requesting from the Springfield Foundation for this program/project?*

[   ]

Springfield Foundation prefers not to be the only funder. List no more than 5 other funders who will be or have been approached to support this activity and indicate the amount of each request and whether it is "to be submitted", is "pending" or is "funded".

Collaborative Partner	Requested/Funded Amount	Pending, To Be Submitted, or Funded

How would this program/project be impacted if awarded partial grant funding or no grant funding from the Springfield Foundation?*

[   ]

Outcomes

What Outcomes do you anticipate to achieve for this request?

Outcome 1:*

> [   ]

Outcome 2:*

> [   ]

Outcome 3:

> [   ]

How will you know if you've been successful?*

> [   ]

Required Financial Attachments

Attach Statement of Financial Position (Balance Sheet) for your organization's most recently completed fiscal year.*

No file chosen

Attach Statement of Activities (Revenue/Expense Statement) for your organization's most recently completed fiscal year.*

No file chosen

Attach the complete Program/Project Budget. This should be the full cost associated with providing this program/project not just the portion of costs that would be covered by a grant from the Springfield Foundation. If this is an operational request, attach the operating budget.*

If you are requesting operational support, attach your operating budget here.

No file chosen

Please use this space to provide an explanation of the attached financial statements, if needed.

Should the Springfield Foundation need to see additional financial information, you may be contacted to provide the organization's most recently completed Form 990 or most recent financial audit.