

2024 CAPACITY BUILDING GRANT APPLICATION

This is a sample application, please do not submit this form.

Please review our guidelines and access the online application here:

<https://ourcommunity.org/nonprofit-support/grants-at-the-community-foundation>

Capacity Building helps an organization increase its sustainability and effectiveness by working on its internal systems. This, in turn, strengthens an organization so it can grow its impact and accomplish its mission.

We strongly recommend that applicants for a Capacity Building grant have at least one paid staff person and an annual operating budget of at least \$100,000. Applicants must also submit a letter of support from the board chair detailing their commitment to fully and actively engage in the capacity building work.

PLEASE NOTE: The first step of a capacity grant request is to schedule a phone consultation before you complete the application. To schedule your consultation, contact Cindy Hales, Vice President of Community Investment, at 517-664-9851 or chales@ourcommunity.org. Consultations are only available until February 7, 2024, to ensure applicants have enough time to apply before the deadline of Feb 14.

Here's what we will ask you when you complete a Capacity Building grant application:

APPLICANT INFORMATION:

- Organization name, mailing address, website address, mission statement and annual operating budget
- Director/CEO of the Organization: name and title
- Federal Tax ID Number and the year the organization was established
- Are you a 501(c)3 tax exempt organization? Y/N If not a 501(c)3, what is your exemption status?
- Michigan License to Solicit # if applicable (contact us if you have questions)
- Will you utilize a fiscal agent to apply? Yes/No If yes: Fiscal Organization Name, Contact phone and email
- Grant Contact Person: Name, Title, Email and Phone.

Demographic data: For this section, we are defining Person of Color as anyone who does not identify as white. Please answer to the best of your ability at this point in time.

- Number of paid employees (*full & part time*) _____ White _____ People of Color _____
- Which of the following best represents your CEO or Executive Director: White _____ Person of Color _____
- Number of additional leaders in your organization not including CEO (*senior level staff, board officers*) _____
- Number of these leaders that identify as: White _____ People of Color _____
- Number of active volunteers: _____ White _____ People of Color _____
- Number of board members: _____ White _____ People of Color _____
- Number of Board Members who make a financial gift to your organization annually _____

- Number of individuals typically served by your organization in one year in each of the following areas:
 - Clinton County ___ Eaton County ___ Ingham County ___ All other counties ___
- Does your organization collect racial demographic data on the people that directly benefit from your services?
- Please provide or estimate the number of ONLY tri-county individuals served in the past year: White___ POC___

CAPACITY BUILDING QUESTIONS:

1. Tell us about the specific challenges your organization is facing. Please provide enough detail to assist us in understanding the problem you hope to solve. *(2500-character max including spaces)*
2. If selected for funding, who in your organization will work with the Community Foundation and other external resources to design your capacity building plan? Please note their relationship to your organization.

REQUIRED ATTACHMENTS:

1. Letter of Commitment from Governing Board: Please attach a letter of support from your Board Chair, detailing the organization's commitment to addressing the capacity issue(s) outlined in this application. This is important because the majority of capacity work we do involves the organization's board of directors.
2. Organization's most recent Profit & Loss statement
3. Organization's Annual Operating Budget