

Discretionary Grant Cycle

Community Foundation of Abilene

Request Details

Project Name*

Use this space to title your funding request. For example, you may title this request "Operational Needs" or if making a program request, "ABC Program Support."

Character Limit: 100

Amount Requested*

Applicants are required to submit additional information based on the amount requested. The additional application questions will populate based on your response.

- \$10,000 and above - addition of an impact story, board list, and audit upload
- \$25,000 and above - addition of an impact story, board list, audit upload, PLUS questions about qualifications/collaborations, board engagement, and future sustainability
- Please note, grants exceeding \$25,000 are awarded infrequently. These grants are often tied to one-time needs or large capital projects.

Program Area

Choices

Animals
Arts and Culture
Children and Youth
Community Development
Disability Services
Disaster/Emergency Response
Economic Development
Education
Environment
Health
Health and Wellness Human
Services
Hunger Relief
Mental Health
OTHER
Religion
Senior Citizens
Social Justice
Social Services
Veterans
Workforce Development

Type of Funding*

Choices

Seed/Pilot

Project/Program

Capacity Building

Capital

General Operating Support

Proposal Narrative

Need Statement*

What are the current community needs, challenges, or problems this request will address?

Character Limit: 2000

Program/Project Details*

Provide details about the program or project (seed, pilot, capital, etc.). Describe how it meets community needs listed above. *Character Limit: 2000*

Objectives and Expected Outcomes*

What are the program objectives and expected outcomes? Describe how your organization will measure and learn from this work. *Character Limit: 2000*

Annual Operating Budget

Organization's current annual operating budget total*

Character Limit: 20

Annual Operating Budget*

Please use the provided Financial Report Form to share the most recent board-approved annual operating budget.

File Size Limit: 2 MB

Additional Budget Narrative and Upload Format Option

If desired, use this space to provide a budget narrative or considerations not otherwise explained.

You may also upload an agency operating budget (in your preferred file format) in addition to the Financial Report Form, if you wish.

Character Limit: 1000 | File Size Limit: 2 MB

Bid Documentation for Capital Requests

Competitive Bids for Capital Support*

If your request includes capital needs, please use the space below to upload bid documentation. The grant committee wants to see that your organization has considered multiple vendors and will be a wise steward of grant funds, if awarded.

Does your request include funds to support capital needs?

Choices

Yes: if yes, proceed to file upload (bid worksheet) below

No: if no, skip to the next section

Bid Worksheet

If yes to the question above, please complete the competitive bid document. The Excel spreadsheet offers an example template on the second tab. Please remove the example tab before uploading. Please note, in certain circumstances, copies of the actual bids may be required. *File Size Limit: 4 MB*

Balance Sheet

Balance Sheet*

Please complete and upload the attached Balance Sheet. Refer to the glossary for instructions.

File Size Limit: 1 MB

Requests of \$10,000 or more: Additional Requirements

Impact Story*

Share a story that illustrates program or organizational impact. Feel free to share client/constituent stories and/or quotes (respecting client privacy or anonymity). *Character Limit: 1500*

Board of Directors*

Please upload a list of the organization's Board of Directors. *File Size Limit: 1 MB*

Financial Audit*

Please upload your most recent independent financial audit. If this is not available, attach the most recent 990 tax form. *File Size Limit: 11 MB*

Requests of \$25,000 or more: Additional Requirements

Please note:

- Grants exceeding \$25,000 are awarded infrequently. These grants are often tied to one-time needs or large capital projects.
- Applicants seeking \$25,000 or more must also respond to the questions for applicants seeking \$10,000 or more. Please ensure you have responded to both sections.

Qualifications and Collaborations*

Describe the organization's qualifications to address the above identified need(s).

Summarize the skills and relevant experience of key staff/volunteers essential to success. If other organizations are collaborating on this project, please share here. *Character Limit: 2000*

Board Engagement*

Briefly describe the role of the organization's board of directors, including how the board carries out its responsibilities for financial and programmatic oversight and fundraising.

Character Limit: 2000

Future Sustainability*

If full funding is not available, what is the contingency plan for securing additional support? How will the proposal be modified? *Character Limit: 1000*

Financial Report (2 pages)

Please provide the fiscal year this budget covers:

REVENUE: Include the total budgeted amount for each of the following categories of your total operating budget for the fiscal year when the project will take place.

(This is the operating budget for the organization or the organization under which an entity operates. THIS FINANCIAL REPORT FORM IS NOT THE PROJECT BUDGET).

Grants/Contracts/Contributions

Local Government	\$0
State Government	\$0
Federal Government	\$0
Foundations (itemize)	

\$0

\$0

\$0

\$0

Corporations

\$0

\$0

\$0

\$0

\$0

Individuals

\$0

Other (specify)

\$0

\$0

\$0

Earned Income

Events (net)	\$0
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Publications/Products	\$0
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Tickets sales	\$0
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Membership Income

\$0

Other (specify)

\$0

\$0

TOTAL REVENUES

\$0

EXPENSES: Include the total budgeted amount for each of the following budget categories:

Salaries	\$0
Payroll Taxes	\$0
Fringe Benefits	\$0
Consultant and Professional Fees	\$0
Insurance	\$0
Travel (including education seminars)	\$0
Equipment	\$0
Supplies	\$0
Printing and Copying	\$0
Telephone, Fax and Internet	\$0
Postage and Delivery	\$0
Rent	\$0
Utilities	\$0
Maintenance and Repairs Marketing	\$0
Other (specify)	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
TOTAL EXPENSES	\$0
Surplus (deficit)	\$0

Competitive Bids

If your request includes the purchase of large equipment, supplies exceeding \$1,000 in costs, or contract services that exceed \$1,000 in costs, please use the space below to upload competitive bids.

Equipment, Item, or Contract Service	Vendor #1	Vendor #2	Vendor #3

Any comments:

Balance Sheet

ASSETS

Current Assets:

Checking/Savings/C.D.s (please list)

\$0

\$0

\$0

\$0

\$0

Accounts Receivable

\$0

Prepaid Expense

\$0

Total Current Assets

\$0

Fixed Assets

\$0

Less Accumulated Depreciation

\$0

Total Net Fixed Assets

\$0

Other Assets

\$0

TOTAL ASSETS

(A)

\$0

LIABILITIES AND EQUITY

Liabilities (Loans, Accounts Payable)

\$0

Net Assets (Permanently Restricted Net Assets,

\$0

Temporarily Restricted Net Assets, Unrestricted
Net Assets)

TOTAL LIABILITIES AND EQUITY ("A" needs to equal "B")

(B)

\$0