

2022 UNITED WAY OF LARIMER COUNTY NONPROFIT EXCELLENCE GRANT APPLICATION

OVERVIEW

At United Way of Larimer County, we believe the nonprofit sector plays a vital role in creating and maintaining a resilient community and that donors' dollars should be used to fund effective and efficient programs that show results.

United Way provides a variety of resources designed to help local nonprofits meet local needs and achieve excellence. Our **Nonprofit Excellence Grants** program provides financial support for capacity building activities and high-impact, innovative solutions which help nonprofit organizations work more effectively and efficiently over the long term, including training/technical assistance, technology, equipment, facilitation, and more.

We welcome applications from any eligible organization or program; however, preference will be given to requests which:

- Serve to advance racial equity in Larimer County.
- Reduce duplication and/or promote collaboration among local service providers.

In addition, special consideration will be given to applicant organizations which:

- Are led by people from the communities they serve.
- Are led by and/or primarily serving Black, Indigenous, and other People of Color (BIPOC) individuals.
- Have broad geographic reach within Larimer County OR serve people in rural areas or underinvested neighborhoods.
- Are smaller organizations (annual budget less than \$500,000).

Prospective applicants are strongly encouraged to contact United Way's Nonprofit Excellence program staff to discuss their proposal prior to submitting an application.

Successful applicants may receive up to \$5,000 through the **Nonprofit Excellence Grant** program. The average grant amount is \$2,500. Recipients will be required to submit a brief report of how the award was used and the outcomes achieved at the conclusion of the funding period.

ELIGIBILITY

Nonprofit Excellence Grants are intended to provide one-time support for programs and projects which create lasting impact for recipient organizations. As a result, these awards are not renewable; however, organizations may apply for and receive **Nonprofit Excellence Grant** funding for a different project in a future year. Organizations are only eligible to receive one **Nonprofit Excellence Grant** per year. Receiving an award through [another United Way grant program](#) does not disqualify an applicant from this program.

In addition, all applicants must:

- Be a 501(c)(3) nonprofit organization with tax-exempt status in the State of Colorado, a faith-based organization, a public school district, or working with a fiscal sponsor.
- Be located in Larimer County and providing programs or services which benefit Larimer County residents.
- Provide services which address community needs or opportunities in one or more of [United Way's focus areas](#).
- Demonstrate a commitment to advancing racial equity in Larimer County.

APPLICANT AGENCY PROFILE

LEGAL NAME OF ORGANIZATION

MAILING ADDRESS AND PHYSICAL ADDRESS (IF DIFFERENT)

MAIN PHONE NUMBER

EIN

WEBSITE

APPLICATION MAIN CONTACT NAME

APPLICATION MAIN CONTACT PHONE

APPLICATION MAIN CONTACT EMAIL

YEAR OF ORGANIZATION FOUNDED

MISSION OR PURPOSE STATEMENT

GEOGRAPHIC AREA SERVED (SELECT ALL THAT APPLY)

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> ALL OF LARIMER COUNTY | <input type="checkbox"/> ESTES PARK |
| <input type="checkbox"/> FORT COLLINS | <input type="checkbox"/> BERTHOUD |
| <input type="checkbox"/> LOVELAND | <input type="checkbox"/> OTHER: |

NUMBER OF FULL-TIME EMPLOYEES

NUMBER OF PART-TIME EMPLOYEES

NUMBER OF VOLUNTEERS

ORGANIZATION INFORMATION

CURRENT YEAR BUDGETED REVENUE:

CURRENT YEAR BUDGETED EXPENSES:

DO YOUR ORGANIZATION'S PROGRAMS AND SERVICES DIRECTLY ADDRESS COMMUNITY NEEDS OR OPPORTUNITIES IN ONE OR MORE OF THE FOLLOWING AREAS? SELECT ALL THAT APPLY.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> YOUTH & EDUCATION | <input type="checkbox"/> FINANCIAL STABILITY | <input type="checkbox"/> COMMUNITY ENGAGEMENT | <input type="checkbox"/> NONPROFIT EXCELLENCE |
|--|--|---|---|

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR ORGANIZATION, INCLUDING YOUR TARGET POPULATION AND THE SERVICES YOU PROVIDE.

IS YOUR ORGANIZATION LED BY AND/OR PRIMARILY SERVING INDIVIDUALS FROM BLACK, INDIGENOUS, AND OTHER PEOPLE OF COLOR (BIPOC) COMMUNITIES?

YES

NO

IS YOUR ORGANIZATION LED BY PEOPLE FROM THE COMMUNITY IT SERVES?

YES

NO

HOW IS YOUR AGENCY WORKING TO ADVANCE RACIAL EQUITY (BOTH WITHIN YOUR ORGANIZATION AND IN OUR COMMUNITY)?

REQUEST INFORMATION

PROJECT TITLE

TOTAL COST OF THE PROGRAM/PROJECT YOUR REQUEST WILL SUPPORT

REQUEST AMOUNT

PLEASE DESCRIBE YOUR REQUEST AND THE ORGANIZATIONAL ISSUE OR OPPORTUNITY YOU ARE ADDRESSING, INCLUDING THE WAY(S) YOUR REQUEST CONTRIBUTES TO A HIGH-IMPACT, LONG-TERM SOLUTION.

BRIEFLY DESCRIBE HOW YOU PLAN TO USE THIS FUNDING. PLEASE BE SPECIFIC.

Examples: Meeting space - \$500; Food and beverages for participants - \$250; Facilitator's consulting fee - \$2,500

WHICH OF THE FOLLOWING STATEMENTS BEST DESCRIBES YOUR REQUEST? SELECT ALL THAT APPLY.

THIS REQUEST WILL SUPPORT OUR ORGANIZATION'S ABILITY TO PROVIDE SERVICES MORE EFFECTIVELY.

If selected, please describe the way this request will help you provide services more effectively.

THIS REQUEST WILL SUPPORT OUR ORGANIZATION'S ABILITY TO PROVIDE SERVICES MORE EFFICIENTLY.

If selected, please describe the way this request will help you provide services more efficiently.

OTHER

If selected, please describe the way this request will build capacity for your organization.

PLEASE DESCRIBE 1-2 MEASURABLE OUTCOMES THAT YOU HOPE TO ACHIEVE THROUGH THIS REQUEST, INCLUDING YOUR PERFORMANCE TARGET(S) AND THE TOOL(S) YOU WILL USE TO MEASURE YOUR PROGRESS.

Note: Outcomes must be well-structured and clear to indicate the changes in skills, knowledge, attitudes, behaviors, systems, structures, or other conditions that beneficiaries are achieving because of your request, rather than simply the number of people served or units of service provided.

Example #1: 80% of participating staff and volunteers will demonstrate increased knowledge of best practices for data collection within historically marginalized populations and communities, as measured by pre- and post-participation tests.

Example #2: Program staff will demonstrate an overall 20% reduction in the amount of time spent on administrative tasks, as measured by their monthly time sheets.

OPTIONAL: PLEASE SELECT ANY OF THE FOLLOWING STATEMENTS THAT APPLY TO YOUR REQUEST.

- THIS REQUEST REDUCES DUPLICATION AMONG LOCAL SERVICE PROVIDERS.
- THIS REQUEST PROMOTES COLLABORATION AMONG LOCAL SERVICE PROVIDERS.
- THIS REQUEST DIRECTLY SERVES TO ADVANCE RACIAL EQUITY IN LARIMER COUNTY.

If you selected any of these options, please describe the way(s) in which your request aligns with the criteria you selected above.

IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE WITH US ABOUT YOUR REQUEST OR ORGANIZATION?

SUPPLEMENTAL ATTACHMENTS

Please provide the following documents as part of your application. If you omit any of the required attachments, provide an explanation.

- ORGANIZATION BUDGET
- CURRENT (YEAR-TO-DATE) FINANCIAL STATEMENTS (STATEMENT OF FINANCIAL POSITION AND STATEMENT OF ACTIVITIES)
- MOST RECENT YEAR-END FINANCIAL STATEMENTS (STATEMENT OF FINANCIAL POSITION AND STATEMENT OF ACTIVITIES)
- PROOF OF IRS FEDERAL TAX-EXEMPT STATUS, DATED WITHIN THE LAST FIVE YEARS
- ANTI-DISCRIMINATION STATEMENT ADOPTED BY THE BOARD OF DIRECTORS

SIGNATURE

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

PRINTED NAME

DATE

TITLE

SCORING CRITERIA

POSSIBLE SCORES: 0 = N/A | 1 = LOW | 2 = MODERATE | 3 = HIGH

Organization Criteria		
Please rate the extent to which:	Weight	Possible Points
The organization's programs and services benefit Larimer County residents (geographic reach – may include organizations with broad geographic reach OR organizations serving people in rural areas or underinvested neighborhoods)	3	9
The organization's programs and services address community needs or opportunities in one or more of United Way's focus areas	1	3
The organization is a smaller, grassroots organization with a budget less than \$500,000	2	6
The organization is led by and/or primarily serving BIPOC individuals	3	9
The organization is led by people from the community it serves	3	9
The organization demonstrates a commitment to advancing racial equity	1	3
Program/Project Criteria		
Please rate the extent to which:		
The request addresses a critical organizational need	1	3
The request contributes to a high-impact, long-term solution	2	6
The request supports the organization's ability to provide services more effectively	2	6
The request supports the organization's ability to provide services more efficiently	2	6
The request reduces duplication among local service providers	3	9
The request promotes collaboration among local service providers	3	9
The request directly serves to advance racial equity in Larimer County	3	9
The outcomes are clear, well-structured, and demonstrate a strong connection to the purpose of the request	1	3
	TOTAL	90