

ORGANIZATION INFORMATION

Organization Name:

Date of Incorporation:

Organization Mission:

Organization Annual Budget:

Key Programs/Services – Briefly describe the primary program/services offered by your organization

Organization EIN

Fiscal Sponsor Name (if applicable):

Organization Address:

Organization County:

Organization Website:

Organization Phone Number:

CEO or Head of Organization Name:

Title:

Email:

NOTE: This is a copy of the questions for the FY22 Community Grant Program. All applications must be submitted on MyInnovia. The application cycle opens on Monday, December 6. Questions? Contact Lauren Nissen at lnissen@innovia.org

ORGANIZATION DEMOGRAPHICS

Populations Served by your organization (choose up to 3): Black, Indigenous, People of Color (BIPOC); People experiencing homelessness; Low-income; Refugees or immigrants; Survivors of domestic violence and/or child abuse; Rural residents; People living with disabilities; People who identify as LGBTQ; People over 60 years of age; Children/Youth (0 – 18); General Public; Other

Is there any additional information you'd like to share about the population(s) you serve? If you selected "other" in the previous question, please use this space to elaborate:

Innovia Foundation is working to increase its awareness of opportunities to advance equity across all communities. The following questions in this section are optional and are not a requirement for funding.

Do any senior staff members publicly identify as one of the following? Choices: Asian American/Pacific Islander/Asian; Black/African American/African; Hispanic/Latino/Latina/Latinx; Native American/American Indian/Indigenous; White/Caucasian/European; Multi-Racial/Multi-Ethnic (2+ races/ethnicities); Unknown

Do any members of your Board publicly identify as one of the following? Choices: Asian American/Pacific Islander/Asian; Black/African American/African; Hispanic/Latino/Latina/Latinx; Native American/American Indian/Indigenous; White/Caucasian/European; Multi-Racial/Multi-Ethnic (2+ races/ethnicities); Unknown

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PROJECT/PROGRAM DETAILS

The following questions will help us understand the purpose for the funds you are requesting. If you are requesting General Operating Support, please answer these questions based on your organization's overall mission, programs and operations. If you are requesting funds for a specific program/project, answer the questions specific to that program/project.

Program / Project Name: Provide a brief, one-line phrase to describe this request. This serves as the title of your request for our records.

Request Amount: \$

Total Program/Project Cost: \$

Please Indicate the type of grant you are requesting: Choices: General Operating; Program Support; Capital Project/Equipment Purchase; Capacity Building

Provide a brief summary of your program/project request: Provide a two-sentence description that briefly captures what you aim to accomplish with support from this program, how grant funds will be used and in what time period. Example: Over the next six months we will (top priorities), _____ and _____ for (#/how many) (population/community). Grant funds will be used to _____.

What Washington county/counties will your work PRIMARILY benefit from this funding?

What Idaho county/counties will your work PRIMARILY benefit from this funding?

Project Description - Describe in detail the project for which you are seeking funds. Be specific. If you are seeking funds to recruit new volunteers, state the number of volunteers you need and discuss details of how you will recruit them. If you are seeking funds to increase your organization's outreach, discuss the purpose for this increase and provide details on the type and frequency of outreach that will be conducted, ie: the number of newspaper ads or the number of workshops.

Guiding Principles: Please select one or more of the following Guiding Principles with which your proposal aligns (Choices: Respond Compassionately to meeting basic human needs; Bring people together to build inclusive communities; Expand opportunity and reduce inequity)

Guiding Principles Explanation: Please explain how your proposed project aligns with the Guiding Principle(s) selected above.

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Charting Impact - The following narrative questions are based on the "Charting Impact" questions developed by Guidestar. If your organization has an updated a profile on Guidestar, you may want to refer to that information to help with these responses. If you are requesting General Operating Support, please answer these questions based on your organization's overall mission, programs and operations. If you are requesting funds for a specific program/project, answer the questions specific to that program/project

How will you use this funding to achieve your goals and address needs in your community? Please state how you will use this funding to carry out your mission or achieve your program/project goals. Include information about the groups or communities you aim to assist and the need(s) you are addressing in your community.

What are your strategies for making this happen? Describe the steps you will take to accomplish the goal(s) cited in your previous answer. Lay out near-term activities that serve as important building blocks for future success. Include a timeline of when key benchmarks will be reached during the grant period.

What are your organization's capabilities for doing this? Detail the resources that support your progress. This should include information about staff, volunteers, external partnerships and additional outside funding contribute to carrying your work forward.

How will you know if you are making progress? Explain key qualitative and/or quantitative indicators you will use to assess your progress toward your intended impact.

Is there additional information we did not ask for that you would like to share?

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ADDITIONAL INFORMATION

Do we have your permission to share this request with other funders who may be interested in supporting your work? Choices: Yes/No

Time Commitment: Approximately how long did it take you to fill out this application? Innovia Foundation is always looking for way to lessen the burden on our nonprofit partners and your candid feedback will help us with this ongoing goal. Choices: 1-2 hours; 3-5 hours; 6-8 hours; 9-11 hours; Over 12 hours

Do you have any specific feedback for the Innovia Foundation team on this application process?

SAMPLE

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REQUIRED ATTACHMENTS

Project/Program Budget: This is the budget for the specific program/project for which you are seeking grant funds. You must use the Innovia Foundation Project Budget Template. Download the template [here](#).

Revenue and Expense Statement: Revenue and expense statement (also called a profit and loss statement), that indicates changes in net assets and statements of activity.

Balance Sheet or Operating Budget: Please attach one of the following: 1) Current balance sheet 2) Operating budget for current fiscal year

Please attach one of the following: 1) Balance sheet (also called an assets and liabilities statement), that indicates the financial position of the organization – OR 2) Operating budget for current fiscal year

Key Staff: List of key staff including a description of their positions relative to the programs/project request.

Board Members: List of board members with affiliation.

Optional Supporting Documents: If you have supporting documents you would like to include with your request, you may upload them here. This might include memo of collaboration with project partners, photos, program brochure, theory of change, etc.

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CERTIFICATION

I certify that I am authorized by the Executive Director/CEO and/or the Board of Directors to submit this proposal on behalf of the organization. Please Note: By entering data into the next three (3) fields calling for insertion of your Name, Title, and Date, you are: (1) representing that you are an officer or other agent duly authorized to enter into legally binding agreements (2) agreeing to submit this grant application in an electronic form which shall be bound by its contents as an electronic transaction (3) agreeing that your insertion of data into these following fields constitutes an electronic signature.

Name:

Title

Date

SAMPLE

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