









## 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?**

**NOTE: This is a copy of the questions for the FY23 Community Grant Program. All applications must be submitted on MyInnovia. The application cycle opens on Thursday, January 5th. Questions? Contact Scott Ferguson @ [sferguson@innovia.org](mailto:sferguson@innovia.org)**

## 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, which may be downloaded in the application.

Accepted file types: .pdf, .xls, .xlsx

**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. Accepted file type: .pdf

**Balance Sheet or Operating Budget:** Please attach one of the following: 1) Current balance sheet 2) Operating budget for current fiscal year. Accepted file type: .pdf

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. Accepted file type: .pdf

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

**Board Members:** List of board members with affiliation. Accepted file type: .pdf

**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. Accepted file type: .pdf

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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.

I certify this organization does not unlawfully discriminate with regard to employees, volunteers, delivery of programs or services, or clients served based on age, sex, religion/creed, race, color, national or ethnic origin, sexual orientation, gender identity or expression, disability, marital status, military or veteran status, pregnancy or genetic information.

I certify this organization does not support or engage in activities that incite or engage in violence, intimidation, harassment, threats or defamation targeting an individual or group based on their actual or perceived race, color, religion, national origin, ethnicity, immigration status, gender, gender identity, sexual orientation or disability.

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**

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