

ORGANIZATION INFORMATION

Organization Name:

Organization EIN:

Fiscal Sponsor Name (if applicable):

Date of Incorporation:

Organization Address:

Organization County:

Organization Phone Number:

Organization Website:

Organization Mission Statement: (700 characters)

Organization Annual Budget:

Key Programs/Services: (800 characters)

CEO or Head of Organization Name:

CEO or Head of Organization Title:

CEO or Head of Organization Email:

NOTE: This is a copy of the questions for the FY24 Community Grant Program. All applications must be submitted on MyInnovia. The application cycle opens on Monday, January 8th. Questions? Contact Scott Ferguson @ sferguson@innovia.org

ORGANIZATION DEMOGRAPHICS

Populations Served by Your Organization Which of the following disproportionately impacted populations does your organization intentionally focus on? While your work may include several of the categories here, please choose the one (or up to three) that BEST describes your target population.

Options: Black, Indigenous, Latinx, People of Color (BIPOC); Refugees and/or immigrants; Seniors (age 60+); People experiencing disabilities; People living on low incomes; People who are homeless/unsheltered; People living in under-resourced communities; People who identify as LGBTQIA+; Other- *Please Specify*

Is there any additional information you'd like to share about the population(s) you serve? (400 characters) 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 two 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; Black or African American; Hispanic/Latinx of any race(s); Middle Eastern or North African; Native American or Indigenous; Native Hawaiian or Other Pacific Islander; White/Caucasian/European; Multi-Racial/Multi-Ethnic (2+ races/ethnicities); Unknown or prefer not to answer.

Do any members of your Board publicly identify as one of the following? Choices: Asian; Black or African American; Hispanic/Latinx of any race(s); Middle Eastern or North African; Native American or Indigenous; Native Hawaiian or Other Pacific Islander; White/Caucasian/European; Multi-Racial/Multi-Ethnic (2+ races/ethnicities); Unknown or prefer not to answer.

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PROJECT/PROGRAM DETAILS

Application Name: (60 characters) Provide a brief, one-line phrase to describe this request. This serves as the title of your request for our records.

Request Amount: \$

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

Total Program/Project Cost: \$

Provide a brief summary of your program/project request: (400 Characters)
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 or Idaho county will your work PRIMARILY benefit from this funding?

Project Description: (2,000 Characters) Describe in detail the project for which you are seeking funds. Be specific. As an example; 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 your proposed work reaches outside the primary county selected above, *please explain*.

Focus Area: (1,500 characters) Please describe how your program/project meets this year's focus area of bringing people together to build inclusive communities and deepen relationships among people and groups. If this proposal does not align with the focus area, please enter N/A.

Guiding Principles Explanation: (1,500 characters) If you entered N/A above, please explain how your proposal aligns with one of Innovia's additional Guiding Principles

(Choices: Respond Compassionately to meeting basic human needs; Expand opportunity and reduce inequity).

Is there any additional information we did not ask for that you would like to share? (1,000 characters)

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FUNDING IMPACT

How will you use this funding to achieve your goals and address needs in your community? (1,500 Characters)

What are your key activities for making this happen? What milestones are key points that outline the timeline of your proposal between June 1, 2024-May 30 2025? (1,500 Characters)

What are your organization's capabilities for doing this? (1,500 Characters)
Detail the resources, capacities, and connections that have secured your progress toward long-term goals.

How will you know if your project is successful? (1,500 Characters)
Explain key qualitative and/or quantitative indicators you will use to assess your success toward your intended impact

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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?

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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, 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 the current fiscal year. Accepted file type: .pdf

Please do not upload your organization's full financial audit.

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 memos of collaboration with project partners, photos, program brochures, 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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