

# Wyoming Community Foundation Competitive Grant - Summer 2021 - WYCF

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*Wyoming Community Foundation*

## *Project Information*

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### Is this a general operating request?\*

(Staff verification)

#### Choices

Yes

No

**This application is for the Wyoming Community Foundation (WYCF) General Competitive Grant - Summer 2021 Cycle.**

If you intended to apply to a different grant program, please go back to the Apply page to see other available opportunities.

If you need any assistance as you go through the application, please contact program staff at 307-721-8300 or [allison@wycf.org](mailto:allison@wycf.org)

### Project name\*

If this is a general operating request, please title the request as **General Operating**.

*Character Limit: 100*

### Request amount?\*

How much funding are you requesting from WYCF? Please round up to the nearest dollar amount.

*Character Limit: 20*

### Summary\*

Please provide a brief summary or abstract about what this proposal is for.

*(expected length: 1-3 sentences)*

*Character Limit: 250*

### What is the purpose of your project?\*

The following are guiding questions. **What is the identified community need that your request for financial assistance is seeking to address?** Please be detailed and include numerical data when applicable. If this is a general operating request, what is your organizations "why"? When requesting General Operating, it is important to stay away from naming specific line items in your budget. If uncertain, please contact program staff at WYCF to discern a general operating request from a program request.

*(expected length: 4-6 paragraphs)*

*Character Limit: 3000*

### How will you know if your project is successful?\*

The following are guiding questions and we encourage you to go beyond these questions if it will provide further insight to your work. What change do you hope to see if your program or organization is successful? What metrics will you use to measure progress? *Be specific. Site expected service numbers.* If this change is not visible in the community, why?

*Character Limit: 3000*

**Collaboration is very important for nonprofits to do their work. Because collaborations are so important, we have divided this section into 3 questions. Please be thoughtful about the collaborations that you list as we do contact collaborators.**

### How do you collaborate in your community?\*

You must select at least one option. You will be prompted to elaborate more on these collaborations, so it is encouraged that you select any and all options that apply.

#### Choices

Referral or Programmatic Collaboration

Financial Collaboration

We hope to gain meaningful collaborations in the future

## *Collaboration- Programmatic*

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### Referral or Programmatic Collaboration\*

What is the nature of your collaboration or partnering? Which partners are already on board? How will collaborations enhance your chances for success? Please note, we do contact collaborators and discuss the nature of your collaborations.

*Character Limit: 2500*

## *Collaboration- Financial*

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### **Financial Collaboration\***

What organizations do you request support from or collaborate with to share resources? If this is a project request, what other organizations are you requesting support from for this project. If this is general operating, are there other organizations that will match this request? Please note, that in-kind donations can be identified on your project budget, but are not the same as a financial gift.

*Character Limit: 3000*

### **Do you plan to use this grant as match for other funding?\***

If yes, please make sure to elaborate in the question above.

#### **Choices**

Yes

No

## *Collaboration- Future*

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### **Who do you hope to begin a partnership or collaborate with in the future?\***

If there are some target organizations that you hope to contact for programmatic collaboration or financial collaboration, please list them and share why this collaboration would be beneficial.

*Character Limit: 3000*

## *Geography related to services provided*

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### **What counties will be affected if grant funds are awarded?\***

Choose all that apply and how many people will be impacted in each county.

## Organization Information

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### EIN\*

*Character Limit: 250*

### Mission statement\*

*Character Limit: 500*

### Are you using a fiscal sponsor?\*

If yes, you will be asked to provide the contact's email address and they will be asked to confirm. An organization using a fiscal sponsor is operating under the EIN of another non-profit organization.

#### Choices

Yes

No

### Number of full-time staff\*

This is one way to help WYCF understand the capacity of your organization. You are not required to have staff. If a board member or volunteer is submitting this application just list 0.

*Character Limit: 100*

### Number of part-time staff

*Character Limit: 100*

### Board member list

Please upload a current list of your board members and include their place of employment (if applicable). *Municipalities/school districts are not required to provide this document.*

### Board member contributions\*

*Having a board that is supportive of your organization demonstrates belief in the mission. What percentage of your board members make a financial contribution(s) of any size to your organization on an annual basis?*

*Choices*

0-24%

25-49%

50-74%

75%-100%

*We do not have a board*

### Please elaborate on board member contributions

*If you answered 0%-50% to the previous question, please share any reasons why your organization's board contributions are lower than expected. This information will provide important context to WYCF's board when considering your application.*

*Character Limit: 5000*

### **Categorizing this organization - Internal\***

For reporting purposes, staff place each applicant in one of the ten categories that make up the National Taxonomy of Exempt (NTEE) Entities. The name of your category may be found in [guidestar.org](http://guidestar.org) or [click here to find your NTEE provided by IRS.gov](http://click here to find your NTEE provided by IRS.gov).

#### **Choices**

Arts, Culture, and Humanities  
Education  
Environment and Animals  
Health  
Human Services  
International, Foreign Affairs  
Public, Societal Benefit  
Faith Based/ Religion Related  
Mutual/Membership Benefit  
Unknown, Unclassified  
Not a 501(c)3 organization

### **Population to be served by organization\***

The Wyoming Community Foundation believes in addressing diversity, equity, and inclusion in grantmaking to best support marginalized and/or underserved communities. Please provide a description of the population you serve and include any of the following: socio-economic base, ethnicity, age range, geographic location, gender, etc. Be as specific as possible and share percentages if/when available.

*Character Limit: 5000*

## Financial Information

Please do not upload your Form 990 and do not upload duplicate financial documents.

### Fiscal year start date\*

Example: if your organization's fiscal year runs from July to June, please list 'July 1'.

*Character Limit: 250*

### Fiscal year end date\*

*Character Limit: 250*

### Project budget sheet

**Not required for General Operating requests** otherwise please upload your project budget sheet.

*File Size Limit: 3 MB*

~~The organization budget, income statement, and balance sheet attachments should reflect an entire, complete fiscal year.~~ For example, if your fiscal year ends June 30th, we need statements reflecting the previous fiscal year rather than the last 11 months.

### Organization budget\*

Please upload the most current board approved annual operating budget. *Municipality/school district, please upload a statement indicating that you are a municipality/school district as we do not want the budget that large.*

### Budget Narrative

*Please describe any line items on your budget that might raise questions. Refer to the instructions on our website if unsure.*

*Character Limit: 5000*

### Income statement\*

*Please upload a copy of your most recent fiscal-year end income statement. This document may also be called a profit and loss (P&L) statement or a statement of financial activities. Municipality/school district, please upload a statement indicating that you are*

*municipality/school district as we do not want a budget that large.*

*We would like a full year of financial documentation.*

*File Size Limit: 5 MB*

### Balance sheet\*

*Please provide a copy of your most recent balance sheet.*

*File Size Limit: 5 MB*

**Please confirm that the financial statements uploaded reflect a full, completed fiscal year.\***

If your organization is a school district/municipality or if your organization's 501(c)3 status was granted less than a year ago, select 'no'. Again, If your fiscal year ends June 30th, we need statements reflecting the most recently completed fiscal year rather than the most recent 11 months.

**Choices**

Yes

No

## *Additional Information*

### **Additional information**

You are welcome to provide additional information that might strengthen your request, but was not covered by the application; or upload any specific materials that WYCF staff or board may have requested from you in past requests.

*Character Limit: 2000 / File Size Limit: 2 MB*