

Wyoming Community Foundation Competitive Grant - Fall 2024 - WYCF

Wyoming Community Foundation

Project Information

This application is for the Wyoming Community Foundation (WYCF) General Competitive Grant - Fall 2024 Cycle.

Deadline to submit your application: 11:59 pm MT, September 16, 2024

If you need assistance, please contact program staff at 307-721-8300 or cassandra@wycf.org

If you intended to apply to a different grant program, please return to the "apply" page to view other available opportunities.

If applicable to your organization's work, below are helpful links to resources offered by the Wyoming Community Foundation and its priority funds.

Wyoming Women's Foundation Self-Sufficiency Standard

Wyoming Community Foundation's Kids Count Data

Wyoming Afterschool Alliance Resources for education and afterschool programming

WYCF Funding Priorities*

- The Wyoming Community Foundation's highest priorities are community based projects seeking long term impact.
- WYCF understands the importance of operating dollars and we are proud to provide General Operating grants.
- Capital Campaigns are low priority for WYCF. If you have questions, please contact Programs Staff at (307)721-8300.

Choices

I have read and understand WYCF's funding priorities.

Question #1. Project name*

If this is a general operating request, please title the request as **General Operating - [Organization Name]**.

Character Limit: 100

Question #2. Request amount?*

How much funding are you requesting from WYCF? Please round up to the nearest dollar amount. Most grant amounts are between \$1,000 and \$10,000, with other amounts occasionally considered. If your request is higher, please contact Programs staff at (307)721-8300.

Character Limit: 20

Question #3. Summary*

Please provide a brief summary or abstract of your proposal.

(expected length: 1-3 sentences)

Character Limit: 250

4. What is the problem or community need you are working to solve?*

Please share how you will use WYCF grant funding to address this problem. How does your program or organization address this need in the long-term?

If requesting **General Operating support**: Please describe what impact your organization has in its target communities, and also detail one key program run by your organization. When requesting General Operating, it is important to avoid naming specific line items in your budget.

(expected length: 2-4 paragraphs)

Character Limit: 5000

5. What does success look like and how will you measure it?*

1. During the year-long grant period, what goals and/or benefits to the community do you hope to achieve?
2. Please include any metrics which will be used to measure progress. *Be specific. Cite expected service numbers.* If this change is not visible in the community, why?

Character Limit: 3000

Collaboration is significant to successful nonprofit work. You will be asked to elaborate on your collaborations, and please note we may contact those listed.

6. How do you collaborate in your community?*

You must select at least one option. **Please 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

6a. 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?

Character Limit: 2500

Collaboration- Financial

6b. 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? 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

Will this grant be used to satisfy a match requirement for other grant funding?*

Choices

Yes

No

Collaboration- Future

6c. Are there organizations that you hope to begin a partnership with in the future?*

If so, please list them and share why this collaboration would be beneficial.

Character Limit: 3000

Match Funding

Please elaborate on match funding requirements.*

Character Limit: 3000

Geography related to services provided

8. 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, ability, etc. Be as specific as possible and share percentages if/when available.

Character Limit: 5000

9. Does your organization work statewide or have statewide impact?*

The Wyoming Community Foundation considers statewide and local organizations equally in our reviews. This information helps staff determine which committees will review each application.

Choices

Yes

No

9. Please describe the geographic distribution of your organization's impact.*

Does your organization work statewide? The Wyoming Community Foundation considers statewide and local organizations equally in our reviews. This information helps staff determine which committees will review each application. If it is difficult to predict geographic distribution of impact, please elaborate.

Character Limit: 3000

County Level Impact

Question #9a. If you selected "No" above, what counties will be affected if grant funds are awarded?

Choose all that apply.

Choices

Albany County
 Big Horn County
 Campbell County
 Carbon County
 Converse County
 Crook County
 Fremont County
 Goshen County
 Hot Springs County
 Johnson County
 Laramie County
 Lincoln County
 Natrona County
 Niobrara County
 Park County
 Platte County
 Sheridan County
 Sublette County

- Sweetwater County
- Teton County
- Uinta County
- Washakie County
- Weston County

Below please list the number of people in each county selected above that you expect to DIRECTLY impact with this project in the span of 12 months. If this is a general operating request, these numbers should reflect people impacted by your organization's services in general. If the nature of the work/project makes it difficult to answer these questions, please contact Program staff at WYCF to discuss.

Albany County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Albany County

Character Limit: 7

Big Horn County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Big Horn County

Character Limit: 7

Will your organization be serving any of the following towns:*

Greybull, Burlington, Otto, Basin, Manderson, Hyattville

Choices

- Yes
- No

Campbell County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Campbell County

Character Limit: 7

Carbon County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Carbon County

Character Limit: 7

Converse County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Converse County

Character Limit: 7

Crook County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Crook County

Character Limit: 7

Fremont County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Fremont County

Character Limit: 7

Goshen County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Goshen County

Character Limit: 7

Hot Springs County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Hot Springs County

Character Limit: 7

Johnson County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Johnson County

Character Limit: 7

Laramie County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Laramie County

Character Limit: 7

Lincoln County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Lincoln County

Character Limit: 7

Will services be provided in the City of Kemmerer directly?*

Choices

Yes

No

Natrona County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Natrona County

Character Limit: 7

Niobrara County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Niobrara County

Character Limit: 7

Park County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Park County

Character Limit: 7

Platte County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Platte County

Character Limit: 7

Sheridan County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Sheridan County

Character Limit: 7

Sublette County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Sublette County

Character Limit: 7

Sweetwater County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Sweetwater County

Character Limit: 7

Are services directly provided in Wamsutter?*

Choices

Yes

No

Teton County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Teton County

Character Limit: 7

Uinta County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Uinta County

Character Limit: 7

Washakie County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Washakie County

Character Limit: 7

Weston County

How many people in this county are expected to be **directly** impacted by the project or as a result of receiving a grant?

Weston County

Character Limit: 7

Organization Information

The following information about your organization can be imported directly from GuideStar.org (GS). To import from Guidestar, please hover your mouse over the star symbol of each section. Information can be edited after import. If you do not have a GS profile, you may manually input this information. WYCF uses GS as part of our due diligence process to confirm your nonprofit status. We recommend updating your GS profile annually.

10. EIN*

Character Limit: 250

11. Mission statement*

Character Limit: 500

12. Website URL*

Please include the link to your organization's website and/or facebook page below.

Character Limit: 5000

13. 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.

Organizations applying using a fiscal sponsor must provide financial documents relating to both the organization and the fiscal sponsor. This includes an operating budget, income statement, and balance sheet for both, if available. We encourage organizations using a fiscal sponsor to contact WYCF staff to discuss and clarify any questions at 307-721-8300.

Choices

Yes

No

14. 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 then list **0**.

Character Limit: 100

15. Number of part-time staff

Character Limit: 100

15. Board member list*

Please upload a current list of your board members and include their place of employment (if applicable).

File Size Limit: 1 MB

16. Board member contributions*

Having a board that is financially supportive of your organization demonstrates belief in the mission. Do each of your board members make a financial contribution **of any size** to your organization on an annual basis?

Choices

Yes

No

We do not have a board

Board Member Contributions

17. Please elaborate on board member contributions*

If you answered 'No' to the previous question, please share your organizational expectations about board giving. This information will provide important context to WYCF's board when considering your application.

Character Limit: 5000

Financial Information

Please do not upload your Form 990 and do not upload duplicate financial documents. Please note that the only accepted formats for documents are Word, PDF, and Excel spreadsheets.

If you have any questions regarding acceptable documents, please contact Megan at 307-721-8300.

20. Fiscal year start date*

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

Character Limit: 250

21. Fiscal year end date*

Character Limit: 250

22. Project budget sheet

Please upload your project budget sheet (required unless your request is for general operating support).

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 December 31st, please upload an Income Statement reflecting January-December.

23. 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.

File Size Limit: 5 MB

24. 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 require a full year of financial documentation.

File Size Limit: 5 MB

25. Balance sheet*

Please provide a copy of your most recent balance sheet.

Municipality/school district, please upload a statement indicating that you are municipality/school district.

File Size Limit: 5 MB

26. Budget Narrative

If needed, please elaborate on any unusual line items. Refer to the instructions on our website if unsure.

Character Limit: 5000

27. 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

28. Budgets and Auditing*

This question is for WYCF tracking purposes and will have no impact on your application being awarded or declined.

Additional Information

30. 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

30a. Additional Document Upload Space (optional)

File Size Limit: 2 MB

You have reached the end of the application.

Please know that you will not be able to make any edits after clicking "Submit". It is recommended that applicants double check their application for mistakes before submitting.

Additionally, you will be notified regardless of whether your request is approved or denied.

Notifications will be sent to all applicants on **September 16th, 2024**. The notification and other grant-related emails will come from "administrator@grantinterface.com". Please add this address to your contacts so you do not miss any important information! You will not be sent any advertisements, spam, or other irrelevant emails from this address.

How are we doing?

We are always striving to improve our processes. [Please let us know how we're doing by filling out this short, anonymous survey.](#)

Thank you!

Fiscal Sponsorship

Third Party Email*

If you are using a fiscal sponsor, please enter the email address of their CEO/Executive Director.

This question will have you write a brief email to the recipient. The purpose is so you can inform them in your own words that you are listing them as the fiscal sponsor and that they will need to confirm with us. This person will receive two emails: the one you wrote and another containing the link to the confirmation form.

Character Limit: 254

Confirmation*

Please confirm whether or not your organization is acting as a fiscal sponsor to this applicant and project.

Choices

Yes

No

Your full name*

Character Limit: 200

 **Your title***

Character Limit: 250

 **Organization name***

Character Limit: 250

 **Phone number**

Please list the best phone number to reach you during business hours.

Character Limit: 20

 **Please upload your organization's fiscal year end income statement***

File Size Limit: 2 MB

 **Website address***

Character Limit: 2000