Wyoming Community Foundation Competitive Grant - Spring 2026 - WYCF

Wyoming Community Foundation

Organization Information

This application is for the Wyoming Community Foundation (WYCF) General Competitive Grant - Spring 2026 Cycle.

Deadline to submit your application: 11:59 pm MT, March 16, 2026.

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.

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.

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

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.

1. Mission statement*
Character Limit: 500

2. EIN*
Character Limit: 250

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

Character Limit: 5000

4. 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

5. Number of part-time staff
Character Limit: 100

6. 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.

If you are using a fiscal sponsor, please upload the financials of that organization below. This includes an operating budget, income statement, and balance sheet. If available, please separately upload financials for the sponsored organization.

We understand that this may be confusing and we encourage organizations using a fiscal sponsor to contact WYCF staff to discuss and clarify any questions at 307-721-8300.

Choices
Yes
No

7. Board member list*
Please upload a current list of your board members. **Best practice is to include their place of employment or areas of expertise.**

File Size Limit: 1 MB

8.Board member contributions*

Do each of your board members make a financial contribution **of any size** to your organization on an annual basis? Having a board that is financially supportive of your organization demonstrates belief in the mission. Best practice is to have 100% board giving.

Choices

Yes
No
We do not have a board

Board Member Contributions

9. 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 Programs at 307-721-8300.

10. Fiscal year start date*

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

Character Limit: 250

11. Organization budget*

Please upload your board approved annual operating budget for your current fiscal year.
Government agencies: We do not require financials from public agencies; please upload a statement indicating that you are exempt from this requirement.

File Size Limit: 5 MB

12. Income statement*

Please upload a copy of your organization's most recently **completed** fiscal year income statement (sometimes called a profit and loss statement, P&L, or statement of financial activities).

Do not submit a year-to-date or partial-year statement. We require documentation for a **full, completed 12-month fiscal year.**

Government agencies: We do not require financials from public agencies; please upload a statement indicating that you are exempt from this requirement.

File Size Limit: 5 MB

13. Balance sheet*

Please provide a recent balance sheet (also known as a statement of financial position).
Government agencies: We do not require financials from public agencies; please upload a statement indicating that you are exempt from this requirement.

File Size Limit: 5 MB

14. Financial Narrative

If needed, please elaborate on any unusual line items or anything that may require further clarification. Refer to the instructions on our website if unsure.

Character Limit: 5000

15. 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

Project Information

Question #16. Project name*

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

Character Limit: 100

Question #17. Request amount?*

How much funding are you requesting from WYCF? Grant amounts range between $1,000 and $10,000. If your request is higher than $10,000, please contact Programs staff at (307)721-8300.

Character Limit: 20

Question #18. Summary*

Please provide a brief summary or abstract of your proposal.

(expected length: 1-3 sentences)

Character Limit: 250

19. What is the community need you are seeking to address?*

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

If requesting **General Operating support**: Please explain the impact your organization has on the population you serve. When requesting General Operating, it is important to avoid naming specific line items in your budget.

(expected length: 2-4 paragraphs)

Character Limit: 3000

20. What will success look like for your organization and how will you measure it?*

During the year-long grant period, what positive change to the community are you hoping to achieve? If this change is not visible in the community, why?

Please provide information here on numbers served. If it is difficult to gauge these numbers, please elaborate.

Character Limit: 3000

21. Project budget sheet

Please upload your project budget sheet (required unless your request is for general operating support). Please utilize additional space below to upload any quotes or invoices if applicable.

WYCF offers a project budget template via the following link under Project Budget Narrative.

File Size Limit: 3 MB

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

22. How do you collaborate in your community?*

You must select at least one option. **We encourage you to select any and all options that apply.**

Choices

Referral or Programmatic Collaboration
Financial Collaboration
We hope to develop collaborations in the future

Collaboration- Programmatic

22a. Referral or Programmatic Collaboration*

Please list partners that are already on board and how they will support your overall goals.

Character Limit: 1000

Collaboration- Future

22c. 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: 1000

Collaboration- Financial

22b. 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: 1000

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

Please note that a match is not required, and does not impact eligibility.

Choices

Yes
No

Match Funding

Please elaborate on match funding requirements.*

Character Limit: 3000

Geography related to services provided

23. Population to be served by organization*

The Wyoming Community Foundation is committed to supporting underserved communities through grantmaking. Please provide demographic details about the community that you serve.

Character Limit: 3000

Which option best describes your organization?*

Choices

County-specific
Statewide
Regional
National

Question 23a. Please describe the geographic distribution of your organization's 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. If it is difficult to predict geographic distribution of impact, please elaborate.

Character Limit: 3000

County Level Impact

Which counties will be impacted 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
Statewide

Big Horn County

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

Greybull, Burlington, Otto, Basin, Manderson, Hyattville

Choices
Yes
No

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

Sweetwater County

Are services directly provided in Wamsutter?*
Choices

Yes
No

Additional Information

24. 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.

Character Limit: 2000 | File Size Limit: 2 MB

24a. Additional Document Upload Space (optional)

If you have any complications uploading documents, please email Programs staff with your documents. Acceptable formats include Word, PDF, and Excel.

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 **June 15, 2026.** 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