

2024 Spring Community Grant Cycle

Community Foundation of Abilene

Eligibility

Geographic Restriction*

Community Foundation of Abilene Community Grants are restricted to support projects/programs serving populations in Abilene and Taylor County, Texas.

Can this grant be restricted to serving the required population?

Choices

Yes

No

Ineligible

Community Foundation of Abilene Community Grants are restricted to support projects/programs serving populations in Abilene and Taylor County, Texas.

Organizations unable to restrict grant funds to serve the required population are not eligible to apply for this grant.

Thank you for your interest.

Grant Request Summary

Project/Program Name*

Use this space to title your funding request. For example, you may title this request "Operational Needs" or if making a program request, "ABC Program Support."

Character Limit: 100

Amount requested from CFA*

Requests should range from \$5,000 to \$35,000

Occasional capital requests of up to \$50,000 may be considered.

Any request over \$35,000 will require an applicant interview with the CFA grants team prior to application submittal. Contact **Kassidy Nygaard** at **325-676-3883** or **knygaard@cfabilene.org** if this applies to your request.

Please request an even dollar amount. No decimals please.

Character Limit: 20

Applicants are required to submit additional information based on the amount requested. The additional application questions will populate based on your response.

- \$10,000 and above - addition of an impact story and audit upload
- \$20,000 and above - addition of an impact story, audit upload, PLUS questions about qualifications/collaborations, board engagement, and future sustainability.

-Requests over \$35,000 will be considered only after applicant interview with CFA staff, as noted above.

Total amount of funds required for the project*

Character Limit: 20

Program Service Area*

- Animal Services
- Children and Youth
- Community Development *-includes Economic or Workforce Development, Environmental Causes, and Disaster Response*
- Education
- Fine Arts and Culture
- Health and Mental Health
- Human and Social Services *- includes Housing or Hunger Relief, Social Justice, and Services for Disabled, Senior Citizens, and Veterans*

If you believe your organization falls into more than one category, please choose the one that *best* aligns with your organizational mission.

Choices

Animal Services
 Children and Youth
 Community Development
 Education
 Fine Arts and Culture
 Health and Mental Health
 Human and Social Services

Type of Funding*

Please select the most appropriate description for the funding request.

- Seed/Pilot – innovations/start-up funding
- Project/Program Support – a specific program/project within your organization
- Capacity Building – increasing, creating higher-quality and/or more sustainable services (assessment, expansion, resource development, etc.)

- Capital – small capital (equipment, buildings, vehicles) or capital campaigns
- General Operating Support – day-to-day costs of running your organization (office space, salaries, overall marketing, etc.)

Choices

Seed/Pilot

Project/Program Support

Capacity Building

Capital

General Operating Support

Project Summary*

Share a **brief description** (3 - 5 sentences) of the project/program for which funds are needed. This project summary could be included in Community Connections, a public-facing publication that provides an opportunity for community members to contribute toward grant requests.

Please click [here](#) for an example.

(You will have an opportunity to expand upon this in another section of the application).

Character Limit: 750

Estimated Spending Time Frame

Below you will enter the estimated starting and ending dates you anticipate using grant funds. This spending time frame should fall within the appropriate window below, based on when grant funds from the cycle will be awarded to grantees.

Fall grants: November through June

Spring grants: May through December

Start Date*

Please enter the estimated start date for your project.

Character Limit: 10

End Date*

Please enter the estimated end date of your project.

Character Limit: 10

Interview Requirement (requests over \$35k)

As stated in the Grant Request Summary:

"Occasional capital requests of up to \$50,000 may be considered.

Any request over \$35,000 will require an applicant interview with the CFA grants team prior to application submittal. Contact Community Grants Manager, Cassidy Nygaard at 325-676-3883 or knygaard@cfabilene.org if this applies to your request."

Please indicate below if you have interviewed with the Community Grants Manager, prior to submitting this application.*

Choices

Yes (Please proceed)

No (Please contact Community Grants Manager prior to proceeding)

Proposal Narrative

Organization Mission and History*

Please provide the organization's mission and a brief history.

Character Limit: 2000

Project/Program Description*

Please describe the project/program with more detail than the summary above. Address the target population and the number of people expected to benefit.

Character Limit: 3000

Community Need*

- What community need does this project/program address?
- What data exists to support this need?

Character Limit: 3000

ThriveABI - Community Alignment*

From the pulldown menu, please choose the ThriveABI cause area your project/program aligns with MOST.

See the attached information regarding [ThriveABI](#) and the identified community indicators. If your project/program will directly impact a specific indicator in our community, that is a good indication of the most appropriate cause area to select for this question. If your project/program will not have a direct impact on an identified indicator, simply select the cause area the project/program generally serves.

Choices

Arts and Culture

Education

Essential Needs

Family Well-Being and Neighborhoods

Health and Wellness

Workforce and Economic Development

None of the Above

Expected Outcomes & Success Measures*

- What are the expected outcomes for this project/program?

- Describe any tools, methods, and/or strategies that you will use to measure outcomes.
- Describe any plans for evaluating the effectiveness of the project/program.

Character Limit: 2500

Project/Program Execution*

Share information about the principal staff or volunteers who will implement the project/program.

Character Limit: 1500

Financial Information

Proposed Use of Funds*

Briefly describe how grant funds will be spent in this project/program.

Character Limit: 1000

Future Funding*

Describe future plans for funding this project/program, if applicable.

Character Limit: 2000

Additional Supporters and Pending Requests*

Use the space below to list all entities asked to provide financial support to the project/program.

Include their responses to date and dollar amount committed.

Character Limit: 1000

Upload Instructions

For the sections below where uploaded documents are required, the following formats will be accepted: .doc or .docx (Microsoft Word), .xls or .xlsx (Microsoft Excel), or .pdf (Adobe) . **PDF documents are preferred.**

Only one document can be uploaded per section. If you have separate documents for a specific section, please combine into one document and upload.

For all sections where a form template is provided, you will need to download the form, make changes and save a copy, then upload your new file.

Prior to uploading, please format all documents to fit on the appropriate number of pages for printing.

Project/Program Budget and Annual Operating Budget

Program/Project Budget*

Please fill out the [attached project budget form](#). You will need to download the form, make changes and save a copy, then upload your new file.

File Size Limit: 2 MB

Annual Operating Budget Amount*

This amount should equal the anticipated annual cost of operating your organization. (The total from the "Expenses" section of the Annual Operating Budget form below).

Character Limit: 20

Annual Operating Budget Upload*

Please upload your organization's annual operating budget (reflecting the period in which you are seeking funding). Feel free to utilize your own format or use the attached [Annual Operating Budget form](#).

File Size Limit: 4 MB

Additional Budget Narrative and Upload Option

If desired, use this space to provide a budget narrative or considerations not otherwise explained.

You may also upload financial or budget documentation you'd like to share in addition to the Annual Operating Budget, if you wish.

Character Limit: 1000 | File Size Limit: 1 MB

Bid Documentation

Competitive Bids for Capital Support*

If your request includes capital needs **over \$5,000**, please use the space below to upload bid documentation.

The grant committee wants to see that your organization has considered multiple vendors and will be a wise steward of grant funds, if awarded.

Does your request include funds to support capital needs?

Choices

Yes - Proceed to file upload below

No - Skip the next section

Bid Worksheet for Capital Support over \$5,000

If you answered yes to the question above, please complete the [competitive bid form](#).

In certain circumstances, copies of the actual bids may be requested.

File Size Limit: 2 MB

Attachments

Balance Sheet*

Please upload your organization's current balance sheet. If you do not have one, you can complete the [Balance Sheet form](#).

Please see the [Balance Sheet Glossary](#) for assistance if needed.

File Size Limit: 1 MB

Board of Directors*

Please upload a list of your Board of Directors. If available, include their professional, business, or community affiliations, in addition to their position on the board.

File Size Limit: 1 MB

First-time Applicant?*

If this is your first time to apply for a Community Grant through CFA, or if your IRS tax status has recently changed, please answer "Yes" to this question.

You will be required to upload tax documentation in the following section.

Choices

Yes - I am a first time applicant or my organization's tax status has changed.

No - I am a returning applicant and my organization's tax status has not changed.

Tax Documentation Upload

Tax Documentation Required for First Time Applicants*

Please upload a copy of applicable letters from the Internal Revenue Service (IRS) pertaining to tax exempt status under IRS Code sections 501(c)(3) and 509(a) (for public charities) or sections 115 and 170 (for governmental subdivisions).

See a [sample IRS letter here](#).

File Size Limit: 1 MB

Requests of \$10,000 or more: Additional Requirements

Impact Story*

Share a story that illustrates program or organizational impact. Feel free to share client/constituent stories and/or quotes (respecting client privacy or anonymity).

Character Limit: 1500

Financial Audit*

Please upload your most recent independent financial audit. If this is not available, attach the most recent 990 tax form.

File Size Limit: 8 MB

Requests of \$20,000 or more: Additional Requirements

Please note:

- Applicants seeking \$20,000 or more must also respond to the questions for applicants seeking \$10,000 or more. Please ensure you have responded to both sections.
- *If you are requesting over \$35,000 you must contact CFA staff prior to submitting application. Cassidy Nygaard 325-676-3883 or knygaard@cfabilene.org*

Qualifications and Collaborations*

Describe the organization's qualifications to address the above identified need(s). Summarize the skills and relevant experience of key staff/volunteers essential to success. If other organizations are collaborating on this project, please share here.

Character Limit: 2000

Board Engagement*

Briefly describe the role of the organization's board of directors, including how the board carries out its responsibilities for financial and programmatic oversight and fundraising.

Character Limit: 2000

Future Sustainability*

If full funding is not available, what is the contingency plan for securing additional support? How will the proposal be modified?

Character Limit: 1000