# Black Equity Movement (BEM) Grant Application

The Black Equity Movement (BEM) committee of The Collins Foundation (TCF) is dedicated to confronting and addressing the inequities experienced by Black Oregonians. Through a multi-year funding commitment informed by Black-led and Black-serving organizations, the committee seeks equitable outcomes for Black communities across the state. Thank you for applying for a BEM grant.

**Before you start your application** for a BEM grant, there are a few documents you'll need to gather. For 501c3 organizations and fiscally sponsored projects, you'll need your current and last year's operating budget, a current profit and loss statement and balance sheet, and a completed <u>Community Information Form (CIF)</u>.

If your project is fiscally sponsored, you'll also need to include a signed and dated fiscal sponsorship agreement (<u>visit this link for additional information</u>), the sponsor organization's board of directors, and the project's advisory committee members.

Having these documents ready will help streamline the application process. BEM is grateful for your interest in making a positive impact in the lives of Black Oregonians and looks forward to reviewing your application. Responses can be edited in the application form until the submission deadline of Friday, September 8, 2023, at 11:59 p.m. After you submit your application, you will receive an email with a link to edit your application.

## \* Indicates a required question

Email\*

First Name of Person Completing Application.\*

Last Name of Person Completing Application.\*

Phone number of person completing the application. Please use this format: XXX-XXX-XXXX.

Organization Name\*

Organization Tax ID Number. Please use this format: XX-XXXXXXX.\* Address\*

City\*

Zip Code\*

Executive Director or CEO's First Name. If you are a volunteer organization, please provide your Board Chair's first name. \*

Executive Director or CEO's Last Name. If you are a volunteer organization, please provide your Board Chair's first name. \*

Email address of Executive Director, CEO, or Board Chair listed above.\*

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#### **Organization Information**

1) Are you applying for this grant with a fiscal sponsor?

Yes, complete question #2

No, continue on to page 3

2) If you answered "Yes" to question #1, your organization is considered a project of the fiscal sponsor for the purposes of this grant. <u>Click here to review TCF's fiscal sponsorship guidelines to ensure you meet the requirements to apply with a fiscal sponsor.</u>

Please provide the name of the Fiscal Sponsor Organization and EIN Number.

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\* Indicates a required question

## **Pre-Qualifying Eligibility Questions**

Please respond to the following statements, questions 4 - 8.

If you are applying with a fiscal sponsor, for questions 5 - 8, please respond on behalf of the fiscal sponsor organization.

- 4) Our organization is Black-led or serves Black communities in Oregon. If you respond "No" to this question, you are not eligible to submit an application for a BEM Grant. \*
- 5) Our organization's chief executive or board chair has read this proposal, can verify its accuracy, and authorizes the application submission. If you respond "No" to this question, you are not eligible to submit an application for a BEM Grant. \*

- 6) Our proposed work is focused in Oregon. We are registered with the <u>Oregon Secretary of State</u> and <u>Oregon Department of Justice</u>, as required by law. If you respond "No" to this question, you are not eligible to submit an application for a BEM Grant. \*
- 7) Our organization has a nondiscrimination policy in place and does not discriminate against staff, volunteers, or the people we serve based on race, color, national origin, religion, sex, sexual orientation, gender identity, age, disability, or any other legally protected status. If you respond "No" to this question, you are not eligible to submit an application for a BEM Grant. \*
- 8) People can work and volunteer for, and receive services from the organization without being required to participate in religious/faith activities as a condition of service delivery nor require adherence to religious/faith beliefs as a condition of service or employment. If you respond "No" to this question, you are not eligible to submit an application for a BEM Grant. \*

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## Please answer the narrative questions below.

The suggested word count per question is 200 - 500 words.

- 9) What is your organization's mission statement?
- 10) Please describe your program areas.

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# **Equity and Inclusion**

The following questions are about your organization's commitment to equity and inclusion. We understand organizations are at different stages of integrating equity and inclusion into their policies and practices. Please share a few of your specific, current goals and/or planned activities. The suggested word count is 200 - 500 words.

11) How is your organization working to recognize and serve Black people with different lived experiences? For example- LGBTQIA+ folks, people with disabilities, and people living in rural or geographically remote areas.

12) Describe how your policies and practices demonstrate your commitment to serving Black people with different lived experiences.

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#### **Grant Request**

TCF grants are unrestricted funds that can be used for general/core investment in a grantee's mission or a specific project or program. Grantees can use funds as they see fit to reach their goals. Examples include using funds for salaries and overhead, investments in technology, or program supplies. This grant opportunity is for up to 40 percent of your operating budget or a maximum of up to \$50,000. TCF FUNDS CANNOT BE USED FOR LEGISLATIVE LOBBYING AND/OR THE CRAFTING OF LEGISLATION.

- 13) What would a BEM grant support?
- 14) Please tell us about the effects of your work in the community/communities you serve. What about your work impacts your community and/or meets a consistent need?
- 15) How do you engage the community/communities you intend to serve in developing and delivering your programming?

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#### Operating Budget

- 16) What is the start date of your operating budget year (also known as fiscal year)? Use the DD/MM format. Example for July 25th: 25/07.
- 17) Current Year Operating Budget Revenue. Use numeric format. Example: \$100,000.
- 18) Current Year Operating Budget Expenses. Use numeric format. Example: \$100,000.
- 19) Last Year's Operating Budget Revenue. Use numeric format. Example: \$100,000.
- 20) Last Year's Operating Budget Expenses. Use numeric format. Example: \$100,000.

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# **Demographic Information**

The BEM Committee understands that community-based organizations often rely on volunteers for core operational support and to fulfill the role of staff. The purpose of the following questions is to recognize and understand your organization's capacity.

- 21) What geographic region(s) does your organization serve? Please list them below.
- 22) Number of staff (numeric value)

TCF defines "Staff" as paid employees. Please include a numeric count of each individual, not an equivalent FTE. Non-paid staff should be reported in the Volunteer question below.

23) Number of board members (numeric value)

If you do not have 3 or more board members, you are not eligible to apply at this time.

24) Number of volunteers (numeric value)

TCF defines "Volunteer" as unpaid individuals who are not board members or paid staff. This can be an estimated number.

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#### **Attachments**

This section is designated for uploading the Community Information Form (CIF) and your organization's financial information. All applicants must complete this section.

Fiscally sponsored projects must also fill out page 10 with information about their fiscal sponsor.

- Please upload your Community Information Form (CIF).
  - The purpose of the CIF is to collect demographic information about the people who will be served by your project and those who work and volunteer for your organization.
- Current Year Operating Budget. If you are applying as a fiscally sponsored project, upload YOUR project's budget.
- Year-end profit and loss statement. If you are applying with a fiscal sponsor, this attachment does not apply to you.

- Year-end balance sheet. If you are applying with a fiscal sponsor, this attachment does not apply to you.
- Board List. If you are applying with a fiscal sponsor, please provide a list of your advisory committee.

## **Optional Attachments**

■ You may attach three additional documents, including pictures, program materials, or letters of support from key partners.

If you are applying for a grant as a fiscally sponsored project, please complete page 10.

If you are NOT a fiscally sponsored project, you've now completed the BEM application. Please go to page 11 and press the submit button. Thank you for applying.

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## For Fiscally Sponsored Organizations

Complete this section ONLY if you are applying with a fiscal sponsor.

- Fiscal sponsor organization's annual operating budget.
- Fiscal sponsor organization's year-end profit and loss statement.
- Fiscal sponsor organization's year-end balance sheet.
- Fiscal sponsor's board of directors.

#### **Optional Attachments**

■ You may attach three additional documents, including pictures, program materials, or letters of support from key partners.

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Thank you for applying. Once you click on the "Submit" button you have completed the BEM Application.

A copy of your responses will be emailed to the address you provided.