The Collins Foundation

Responsive Grantmaking Program

LOI Application Questions

## **Section 1: Pre-qualifying eligibility questions**

1. **Please affirm the following:**
	1. **The chief executive or board chair of the organization has read this proposal, can verify its accuracy, and authorizes this inquiry.** *Yes/No*
	2. **Our proposed work is focused in Oregon. We have registered with the** [**Oregon Secretary of State**](http://egov.sos.state.or.us/br/pkg_web_name_srch_inq.login) **and** [**Oregon Department of Justice**](https://justice.oregon.gov/charities)**, as required by law.** *Yes/No*
	3. **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.** *Yes/No*
	4. **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.** *Yes/No*

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## **Section 2: Organization Information**

1. **Are you applying with a fiscal sponsor?** *Yes/No*

*If yes, then:*[*Click here to review TCF’s fiscal sponsorship guidelines to make sure that you meet the requirements to apply with a fiscal sponsor.*](https://drive.google.com/file/d/12cOjz2eoQefURNv99eSy90BwAoomu4SL/view)

*If you have any questions about fiscal sponsorships, contact our Grants Manager, Leann Do, at ldo@collinsfoundation.org.*

* 1. Fiscal Sponsor Name:
	 *Text field; no character limit.*
	2. Fiscal Sponsor EIN:
	 *Text field; no character limit.*
1. **Are you applying as a formal collaborative?** *Yes/No

 If yes, then show:*[*Click here to review TCF's formal collaborative guidelines and FAQ to make sure that you meet the requirements to apply as a formal collaborative.*](https://drive.google.com/file/d/1CY_1x698dIO6V6RW-D4uQb24HqAjJAQH/view?usp=sharing)

*If you have any questions about formal collaboratives, contact our Grants Manager, Leann Do, at ldo@collinsfoundation.org.*

* 1. Formal Collaborative Name:
	 *Text field; no character limit.*

*When completing the questions below, please note that there is no word limit. However, please try to keep the word count to 500 maximum per question. Generally, 500 words = 1 page single-space or 2 pages double-space. You are not required to meet this maximum limit for each question.*

1. **What is your organization’s mission statement?** *Text area; no character limit.*
2. **Please describe your program areas.** *Text area; no character limit.*

*The following questions inquire about your organization’s diversity, equity, and inclusion (DEI) work. We understand organizations are at different stages in their DEI work. Please share some of your specific, current goals and/or planned activities.*

1. **How does your organization work on diversity, equity, and inclusion externally through your programming, outreach, and volunteer engagement?** *Text area; no character limit.*
2. **Describe the ways your board, leadership, and staff promotes or practices principles of diversity, inclusion, and equity internally in its work.** *Text area; no character limit.*
3. **Describe the ways your operational policies and practices demonstrate a commitment to diversity, inclusion, and equity.** *Text area; no character limit.*
4. **Number of staff** *TCF defines "Staff" as paid employees. Please include a count of each individual, not an equivalent FTE. Non-paid staff should be reported in the Volunteer question below.* *Number field.*
5. **Number of board members** *Number field, cannot be less than 3.*
6. Number of volunteers
 *TCF defines "Volunteer" as unpaid individuals who are not board members. This can be an estimated number.* *Number field*.
7. **Does your organization serve the general population or does it focus on one or more specific populations?** *Single select:**- General Population
 - Specific Population*
8. **Please describe the population(s) and community that your organization serves. Where possible, please provide details about race, ethnicity, language(s) spoken, age range, sex, gender, orientation, disabilities, and/or income, and other.** *Text area; no character limit.*
9. **What geographic region(s) does your organization serve?** *Multi-select: list of counties*

**Instructions for the demographic tables below:**

* Please use whole numbers, not percentages.
* The "Race & Ethnicity" totals should equal the total number of people on your staff and board.
* Complete as much as you are able to. If you do not collect data for a particular group, such as volunteers or board members, please leave blank.
* Non-board volunteers and population served can be estimated numbers.
* The "Population Served" column will almost always be an estimate. It should reflect the total number and demographics of the people your organization serves in a year.
* If your organization does not have paid staff, please leave the “Paid Leadership Staff” and “Paid Staff” columns blank and use the “Non-board volunteers” column.
* Do not double count the "Paid Leadership Staff" and "Paid Staff.”
1. **REQUIRED: Race and Ethnicity Information Table**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Race/Ethnicity** | **Paid leadership staff** | **Paid staff** | **Board** | **Non-board Volunteers** | **Population served through this proposal** |
| African, African American, or Black |   |   |   |   |   |
| Asian or Pacific Islander |   |   |   |   |   |
| European American or White |   |   |   |   |   |
| Latina, Latino, or Latinx |   |   |   |   |   |
| Middle Eastern or North African |   |   |   |   |   |
| Native American, American Indian, or Alaska Native |   |   |   |   |   |
| Multi-Racial |   |   |   |   |   |
| TOTAL |  |  |  |  |  |

1. **REQUIRED: Additional Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Paid leadership staff** | **Paid staff** | **Board** | **Non-board Volunteers** | **Population served through this proposal** |
| Immigrant or Refugee |   |   |   |   |   |
| Living with Disability |   |   |   |   |   |
| Lesbian, Gay, Bisexual, or Queer |   |   |   |   |   |
| Transgender or Nonbinary |   |   |   |   |   |
| TOTAL |  |  |  |  |  |

1. **OPTIONAL Additional Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Paid leadership staff** | **Paid staff** | **Board** | **Non-board Volunteers** | **Population served through this proposal** |
| Low-Income |  |  |  |  |  |
| Women or Girls |  |  |  |  |  |
| Living in a rural area |  |  |  |  |  |
| TOTAL |  |  |  |  |  |

1. **Optional:** Please share any additional identities that are relevant to the people in your organization, such as lived experience or English language learners. Additionally, please provide any comments or clarification on the demographic information shared, including how you arrived at any estimates.

*Text area; no character limit.*

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## **Section 3: Annual Operating Budget**

1. **What is the start date of your annual budget year (also known as fiscal year)?** *Text field; no character limit.*

**Instructions for the budget tables below:**

● If you are applying as a formal collaborative, provide the budget for the leading applicant organization.

● If you are applying with a fiscal sponsor, provide the budget for the Sponsored Project in the tables below. In the Attachments section, please upload the annual operating budget for the Sponsor Organization.

● If you are applying as a government entity, including Tribal nations, provide the budget for the department or project, not the entire government entity.

1. **Current Year Annual Budget Table**

|  |  |  |
| --- | --- | --- |
|  | **Total Revenue** | **Total Expenses** |
| Current Annual Budget |   |   |

1. **Fiscal Year Actuals Table**

|  |  |  |
| --- | --- | --- |
|  | **Total Revenue** | **Total Expenses** |
| Last Year Actuals |   |   |
| Prior Year Actuals |   |   |

1. If you indicated a deficit or surplus of more than 10 percent in any year, or significant changes in budget size between years, please explain.
 *Text area; no character limit.*
2. [Optional] Please provide further information about your annual budget if necessary. For example, if your organization uses an 18-month budget, please indicate that here.
 *Text area; no character limit.*

## **Section 4: Proposal Details**

1. **Requested Grant Period** *Single select:
 - 1 year
 - 2 years
 - 3 years*
2. **Total Amount Requested** *Number field.*

*If your request is for one year only, leave the amounts for years 2 and 3 blank.*

*If your request is for two years only, leave the amount for year 3 blank.*

1. **Amount Requested Year 1** *Number field.*
2. Amount Requested Year 2
 *Number field.*
3. Amount Requested Year 3
 *Number field.*
4. **Is any portion of your request intended to be a challenge match?** *Yes/No

 If yes, then:*
	1. What is the match amount requested:
	 *Number field.*

*Fiscally sponsored projects are not eligible to request general operating support, because they are effectively "projects" of a sponsoring organization. Therefore, please select "project support" as the request type, or "capacity building" or "capital" if it applies to your proposal.*

1. **Request Type:** *Single select:
 - capacity building
 - capital
 - general operations
 - project support*

If Request Type is NOT general operations, then show:
*In the Organization Information section, you described the population that your organization serves. For the questions below, please describe the population that your proposed project serves. If your project intends to serve the same population as your organization, please provide the same answers in the Proposal Details section as you did in the Organization Information section.*

1. If Request Type is NOT general operations, then show: **Is your proposed project intended to serve the general population or does it focus on one or more specific populations?** *Single select:**- General Population
 - Specific Population*
2. If Request Type is NOT general operations, then show: **Please describe the population(s) and community that your proposed project intends to serve. Where possible, please provide details about race, ethnicity, language(s) spoken, age range, sex, gender, orientation, disabilities, and/or income, and other.** *Text area; no character limit.*

If Request Type is NOT general operations, then show: *In the Organization Information section, you selected the geographic region(s) that your organization serves. For the question below, select the region(s) that your proposed project serves. If your organization and project provide services in the same region(s), please provide the same answers in the Proposal Details section as you did in the Organization Information section.*

1. If Request Type is NOT general operations, then show: **For this proposed project, select the geographic regions where services will be provided.** *Multi-select: list of counties*

**Section 5: Proposal Narrative**

*When completing the narrative questions below, please note that there is no word limit. However, please try to keep the word count to 500 maximum per narrative question. Generally, 500 words = 1 page single-space or 2 pages double-space. You are not required to meet this maximum limit for each narrative question.*

1. **Describe your proposal. What is your proposed timeline and activities? (Please list your timeline and activities in bullet points.)** *Text area; no character limit.*
2. **What would a TCF grant support? Where would TCF funds be allocated?** *Text area; no character limit.*
3. **How do you engage the community you intend to serve in developing and delivering your programming?** *Text area; no character limit.*
4. **Do you have established and/or developing partners in this work?** *Text area; no character limit.*

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## **Section 6: Project Budget**

*If you are applying with a fiscal sponsor, provide the budget for the sponsored project.*

*If you are applying as a formal collaborative, provide the budget for the project shared between partner organizations.*

## If Request Type is general operations, then show:*If you are requesting general operating support, you are not required to provide project budget details. Please skip this section and move on to the Attachments section.*

If Request Type is NOT general operations, then show:

1. **Project Total Budget** *Number field.*
2. **Amount Raised to Date** *Number field.*
3. **List anticipated (not yet secured) funding sources and amounts.**

Text, no character limit.

 **Section 7: Attachments**

**Required for all applicants:**

● Annual Operating Budget

○ If you are applying as a formal collaborative, upload the leading applicant organization’s budget

○ If you are applying as a fiscal sponsor, upload the sponsored project’s budget

**Required for applicants requesting capacity building, capital, and project support:**

● Project Budget

**Required for formal collaboratives:**

● Signed and dated memorandum of understanding

● Project Budget. If you are applying as a formal collaborative and also requesting capacity building, capital, or project support, you only have to upload one project budget.

**Required for fiscal sponsorships:**

● Signed and dated fiscal sponsorship agreement

● Sponsor Organization’s Annual Operating Budget

● Sponsor Organization’s board of directors list

● Sponsored Project’s board of directors/advisory committee member list

**Optional Attachments:**

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