FY25 Marco Island\_Program Grants

Collier Community Foundation

# Follow-up Application Review\_all

## Additional Questions for Clarification

Please use this format:

Question 1:

Applicant Response 1:

Character Limit: 3000

# Organization Information\_all

#### Use the link below for additional Online Grant Portal instructions and the answers to frequently asked questions.

<https://colliercf.org/wp-content/uploads/2024/02/Grant-Helpful-Hints.pdf>

#### IMPORTANT! Follow-up Application Review Questions

Grant requests are reviewed soon after you submit your application. If we need additional information about your request, in order for your application to move forward in the process

* you will receive a notification from the system letting you know that your grant needs additional follow-up,
* you will be assigned a new deadline for a quick turnaround.

**Your Nonprofit Directory profile is IMPORTANT!** Our Nonprofit Directory is our best tool to:

1. Inform our staff, the community and potential donors about your organization
2. Help our grant committees in their decision making
3. Share your funding "Wish List" items as they change

- In the past year we have funded **over 25 wishes** from the Nonprofit Directory!

Your Nonprofit Directory profile must show the blue approved check mark under the organization name. **Navigate to your directory profile to see if it compares to the example** (sample image) **below:**



**Nonprofit Directory Profile Link\***

**Please paste your Nonprofit Directory Profile link here.** To find this link, visit the [Nonprofit](https://www.colliercf-nonprofitdirectory.org/) [Directory](https://www.colliercf-nonprofitdirectory.org/) and using "Find your organization," search for your profile. Then click "View profile" to navigate to your organization page. Copy the website URL. (ex: https://www.colliercf- nonprofitdirectory.org/organizations/collier-community-foundation)

Character Limit: 2000

## Mission Statement\*

Please provide your mission statement in two sentences or less. You may copy and paste your mission statement from your Nonprofit Directory profile.

Character Limit: 2000

## When is the beginning of your Fiscal Year?\*

Character Limit: 10

## Operating Budget Size\*

Please select the option that reflects the size of your organization.

#### Choices

$0 to $50,000

$50,001 to $100,000

$100,001 to $250,000

$250, 001 to $500,000

$500,001 to $1M

$1M to $1.5M

$1.6M to $3M Over $3M

## Have there been any significant changes to your staffing or expenses in the past year?\*

Yes or no. If yes, please explain.

Character Limit: 2000

## Is your organization currently involved in any legal action?\*

Yes or No. If yes, please explain.

Character Limit: 2000

## If you receive an audit, did your last audit result in a management letter with negative findings?\*

Yes or No. If yes, please explain.

Character Limit: 1500

## Nonprofit Financial Statement\*

Please upload your Nonprofit Financial Statement **using our template**[: Nonprofit Financial](https://colliercf.org/wp-content/uploads/2023/04/Nonprofit-Financial-Statement.xlsx) [Statement](https://colliercf.org/wp-content/uploads/2023/04/Nonprofit-Financial-Statement.xlsx)

You can also find this form on the Apply for Grants page of our website under Nonprofit links and forms:<https://cfcollier.org/nonprofits/apply-for-grants/>

#### Other budget forms will not be accepted and may result in your grant being declined.

If you need assistance with completing this form, please watch the Town Hall meeting that was recorded: March 14th Town Hall Meeting

Thank you for using our template - this presents our grant committees with a consistent and simple format, and creates a level playing field for applicants!

File Size Limit: 5 MB

## Please select the choice that best fits your role in this organization:\*

If you are not the leadership person for this organization, there is a follow-up question.

#### Choices

Executive Director/CEO/Board Chair Staff Member

Subcontracted Grant Writer/Consultant Volunteer

## Number of Board Members for your organization:\*

Character Limit: 3

# Board Members

## Please upload your board list with with professional affiliations.

File Size Limit: 1 MB

# Collaborator\_all

Add your Executive Director/CEO/Board Chair to this application as a Collaborator with **Can Submit** permission. You may add multiple Collaborators.

[Click here for a video tutorial](https://support.foundant.com/hc/en-us/articles/4523887747223-Applicant-Tutorial-Collaboration)

## I have added our Executive Director/CEO/Board Chair as a Collaborator:

#### Choices

Yes No

# Grant Request Information\_all (1)

## Program/Project Title\*

Title of Project or Program. **Please include FY25 at the beginning of your title.** Ex: FY25 Reading is Forever, FY25 Food Pantry Needs

Character Limit: 200

## Program/Project Description - For Publicity\*

**Please be specific to Marco Island and its immediate area.** Please give a short description of your request/program, for use on the CCF’s website and publicity materials. You will have the opportunity to add more details about your Program/Project in later questions.

Character Limit: 2000

## Amount Requested\*

Grant requests for $1,000 to $15,000 will be considered.

**This amount should represent no more than 50% of the total project budget.**

Character Limit: 20

## Total Program/Project Cost\*

Character Limit: 20

## Service Area\*

Please select the area(s) this grant will serve. You may choose more than one.

#### Choices

Collier County (South) Goodland

Marco Island

## Grant Focus Area\*

#### Choices

Arts and culture

Economic opportunity and employment Education

Environment

Health and human services Other community needs Food as staples

Food as nutrition

# Health and human services

## Narrow the focus of your health and human service grant request below:

#### Choices

Health care Mental health care Housing

Other basic needs

# Grant Request Information\_all (2)

## Statement of Need\*

**Please be specific to Marco Island and its immediate area.** Briefly describe the need in the community and the population that your nonprofit addresses. Use data, demographics, etc., and cite sources.

Character Limit: 5000

## Program/Project Description\*

**Please be specific to Marco Island and its immediate area.** Describe the program, its activities, and how this project will meet the need described above. Please share details of your program but keep in mind that our volunteer committees are reading numerous applications, and succinct, clear responses are helpful.

Character Limit: 5000

## Program or Project Budget\*

Please upload your program/project budget **using our template**[: Nonprofit Program Budget](https://colliercf.org/wp-content/uploads/2023/02/Grant-Application-Program-Budget.xlsx) [Form](https://colliercf.org/wp-content/uploads/2023/02/Grant-Application-Program-Budget.xlsx)

**Other budget forms will not be accepted and may result in your grant being declined.** Be sure to complete both the Revenue and Expense sections, even if your revenue is unconfirmed grant revenue. You can also find this form on the Apply for Grants page of our website under Programs Grants:<https://cfcollier.org/nonprofits/apply-for-grants/>

### Thank you for using our template - this presents our grant committees with a consistent and simple format, and creates a level playing field for applicants!

File Size Limit: 2 MB

## Purpose of funding\*

**Please be specific to Marco Island and its immediate area.** Please specifically explain how these grant funds will be used and align this response with your submitted program budget.

Character Limit: 2000

# New or Existing Program

## Program or Project Funding Request\*

#### Choices

This is a new program/project.

We are expanding an existing program/project.

We are continuing, but not expanding, an existing program.

# New Program followup

## How will you reach your intended participants or those you will serve?

Character Limit: 1500

## Timeline and staff

Briefly outline the new program’s timeline for launching activities and describe which staff or volunteers are responsible.

* If your organization needs to build its capacity in any way to launch this new program, please explain what needs to be done.
* If this new program or expansion requires partnerships, be sure to include those under the “partners” section.

Character Limit: 2000

# Program Expansion followup

## How do you hope to provide additional services?

Please specify how many additional people you will serve or how the program will be expanded.

Character Limit: 1500

# Partners

## Partnerships\*

Are you engaged with any partnerships or collective impact initiatives crucial to the success of this program/project, such as Future Ready Collier? If you answer yes, there is a follow-up question.

#### Choices

Yes, we are engaged in a partnership

No, we are not working with partners at this time

# Partners followup

## Please explain...

Please explain, share the partner agency/collective impact initiative, a contact name and email, and note if any grant funds would be passed through to the named partner.

Character Limit: 500

# Outcomes

## Expected Outcomes\*

What will change for your participants as a result of your program? (Ex: New knowledge, Increased skills, Changed behaviors, Improved conditions)

Character Limit: 1500

## Numbers Served\*

Who and how many will be the recipients of your program services? (Ex: 25 families who are homeless)

Character Limit: 1500

## Measurement\*

How do you track and measure your work?

Character Limit: 500

# Demographics

## Demographics - Age\*

How would you describe the age of the primary beneficiaries of your services/programs?

#### Choices

Preschool age (0-5)

School age (5-17)

Adults (18-64)

Seniors (65+) All age groups Unknown

## Demographics - Race/Ethnicity\*

How would you describe the race and ethnicity of the primary beneficiaries of your services/programs?

#### Choices

African American/African/Black Asian/Asian American

European American/White Hispanic/Latino

Native American/American Indian/Indigenous No group accounts for more than 50% of total

## Demographics - Income\*

How would you describe the income level of the primary beneficiaries of your services/programs?

#### Choices

Low Income (up to 80% AMI) Moderate Income (up to 100% AMI) All Income Levels

Unknown

## Demographics - Other

If there are other key traits that describe the primary beneficiaries of your programs and services, please choose below:

**Choices** Veterans Migrant worker Language Barrier

Disabilities/Neurodivergent Women/Girls

Men/Boys LGBTQ+

# Optional Materials

## Please feel free to upload an additional supporting document.

### This is not required. For example, if you are a local branch of a larger organization, you may wish to upload your local budget. Or you may wish to upload a program flyer, a success story, etc.

File Size Limit: 5 MB