



Dear Prospective Grant Applicant,

*Welcome to the **2019-20 Impact 100 Grant Application**. Prior to writing this grant application, please refer to the 2019-20 Grant Guidelines that act as the foundation to the application. In the Grant Guidelines, you will read more about high impact, eligibility, evaluation criteria, collaboration and what types of projects Impact 100 Does and Does Not Fund.*

GENERAL INFORMATION

1. **Point of Contact (POC):** Any questions regarding the Impact 100 Grant Application shall be referred to: grantquestions@impact100ir.com
2. **Submission Date and Place:** Hand deliver paper copies between 8:30 am and noon on **Wednesday, November 13, 2019** to Tydall Management and Trading, 1575 Indian River Boulevard, Suite C212, Vero Beach, FL 32960. Electronic submission shall be submitted by **Tuesday, November 12, 2019** to grantsubmissions@impact100ir.com
3. **Organization/Number of Copies:** Hard copy Grant Proposals should be submitted in 2 parts as follows:
 - a. **Part 1** shall include **20 full copies** of the **online grant application and applicable attachments**, each in a 3-prong folder. Each application folder should be labeled with the name of the nonprofit and the title "Grant Application" on the cover.
 - b. **Part 2** shall include **2 full copies** of all **required financial documents**, each in a 3-prong folder. Each financial folder should be labeled with the name of the nonprofit and the title "Financial Documents" on the cover.
 - All documents should be submitted in **same color 3-prong document folders**, available at your local office supply store or on Amazon.
 - Applications submitted in any other format, including 3-ring loose-leaf binders, will not be accepted.
 - (For ease of delivery, you may elect to deliver all 22 binders in a Bankers Box.)
4. **Electronic Submissions**
 - a. Using Adobe Acrobat Reader or Adobe PRO, electronically submit a complete fillable PDF application and included attachments to: grantsubmissions@impact100ir.com
 - b. For help and/or questions using the PDF, please contact: grantquestions@impact100ir.com
5. **Application Checklist:** To verify completion of your application, please use and complete the Grant Application Checklist in Section IV.
6. **Site Visit:** Each applicant receives a site visit by a team of Impact 100 Grant Panel Volunteers. The Grant Panel Chair will contact the Organization's Contact Person to set a time. The Panel Chair will make every effort to visit your program at the time most convenient to you however, the Chair will ultimately determine the site visit time.

2019-20 IMPACT 100 GRANT APPLICATION

SECTION I: NONPROFIT INFORMATION

Organization Name

Organization's Legal Name, if different

Mailing Address

Street	City	State	Zip
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Local Street Address

Street	City	State	Zip
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Website

Board Chair Contact Information

Name

Email

Best Contact Phone Number

CEO/Executive Director Information

Name

Email

Cell Phone Number

Work Phone Number

NONPROFIT INFRASTRUCTURE

Year founded

Tax Exempt ID (EIN) #

Does your organization serve other counties than Indian River?

If yes, what counties do you serve?

Number of board members

Listing of Board Members

Attach a list of your board members including name, position, profession/affiliation, city of residence and years serving on the board.

Percentage of board members who contributed financially last 12 months

Number of full-time employees

Number of part-time employees

Number of volunteers

Does your organization carry General Liability Insurance (G/L) and Directors and Officers (D&O) Liability Insurance?

If yes, what are the coverage limits?

If no, why not?

Litigation/liability:

Is there litigation pending or threatened against your organization?

A recent judgement?

Please provide details:

NONPROFIT BUDGET

Organization Annual Operating Budget (please record in summary format below and attach a detailed copy of Board Approved Operating Budget.

Fiscal Year Start Date

End Date

TABLE 1. NONPROFIT INCOME TABLE

INCOME	
Source	
Support	
Government grants	
Foundations	
Corporations	
United Way	
Individual contributions	
Fundraising efforts	
Membership income	
In-kind support	
Investment income	
Other (line list)	
REVENUE	
Government contracts	
Earned income	
Other (line list)	
TOTAL INCOME	

TABLE 2. NONPROFIT EXPENSES TABLE

EXPENSES	AMOUNT
Salaries and wages	
Insurance, benefits and related taxes	
Consultants and professional fees	
Fundraising-related costs	
Travel	
Equipment	
Supplies, printing and copying	
Telephone and fax	
Postage and delivery	
Rent and utilities	
In-kind expenses	
Depreciation	
Other (line list)	
TOTAL EXPENSES	
NET (Income less Expenses)	

NONPROFIT CERTIFICATION

Our organization's staff and Board of Directors authorize submission of this funding proposal. Our tax-exempt status under IRS Section 501 (c) (3) has not been revoked or modified. We understand that if selected to receive funding we must furnish a report showing how funds were spent and that the funds were spent solely for the purpose for which the grant is sought.

We agree NOT to specifically target Impact 100 members for support of this grant application or organizational projects. We certify that to the best of our knowledge the statements contained in this application are true, correct and complete.

CEO/Executive Director Signature

Board Chair Signature

Print Name

Print Name

Date

Date

Note: Executive Director and Chair of the Board must be two different individuals. If the project is a collaborative effort between two or more non-profit organizations, copies of this page must be signed by all Executive Directors and Board Chairs and attached to the application.

SECTION II: GRANT OVERVIEW

Impact 100 focuses funding in four categories. Please select the category for your project.

Note: Impact 100 reserves the right to change the category of your project if your application becomes a finalist in the application process.

Education

Enrichment and Environment

Family

Health and Wellness

Project Title (limit of 250 characters with spaces)

Name of Contact Person (*for questions regarding the Project*). This person must be available between 9 a.m. - 5 p.m. business days from December to March.

Name and Position with organization

Phone

Cell

Email

Name of Finance Contact (*for questions regarding Form 990 and Financial Statements*).

Name and Position with organization

Phone

Cell

Email

Site Visit: Each applicant receives a site visit by a team of Impact 100 Grant Panel Volunteers. What is the best time of day for a site team to observe the program and visit with members of your organization?

Note: The Impact 100 Grant Panel Chair will make every effort to visit your program at the time you indicate. However, the Grant Panel Chair will ultimately determine the site visit time.

GRANT EXECUTIVE SUMMARY

Project Title (limit of 250 characters with spaces)

Introduce your organization, the mission statement and explain how the proposed grant relates to your mission. (limit of 750 characters with spaces)

Project Summary (limit of 1500 characters with spaces)

What makes this a high impact grant? (limit of 750 characters with spaces)

Summarize how you will spend Impact 100 funds and sustain the project beyond Impact funding. *Follow a simple format of you will spend \$x for this and \$y for that in Year 1 and then Year 2. Please round numbers to the nearest \$100.* (limit of 1250 characters with spaces)

2019-20 GRANT PROJECT BUDGET

If your grant requirement exceeds \$100,000 and you are accepting funds from other sources for this project, itemize the "Impact 100" requirements as income and expenses in the second column (which must total \$100,000) and itemize the "Other Funding" requirements as income and expenses in the third column. (Refer to the Do Not Fund List for items Impact 100 monies will not fund.)

Income	Impact 100 Grant	Other Funding	Description/Explanation/Date Expected to Receive
Impact 100 Grant			100,000 high-impact grant/April, 2020
Other Grants (list each)			
Fundraising (line list each)			
Other Sources (line list each)			
In-Kind Support			
Total Project Income (a)			
Project Costs & Expenses			Description/Explanation/Date Expected to Receive
Land and/or Building			
Equipment			
Furniture & Fixtures			
Remodeling Costs			
New Permits/Licenses Required			
Other Capital (line list each)			
Salaries/Wages/Benefits			
Collaborator/Partner Distributions			
Consultant/Professional Services			
Fundraising			
Marketing			
Rent/Utilities			
Software/Computer			
Incremental Operating Expenses			
Other (line list each)			
Total Project Costs/Expenses (b)			
Net Project Income/Expense (a) - (b)			

SECTION III: GRANT PROJECT DETAILS

1. Describe your ***organization's motivation*** and ***infrastructure*** to support this grant.
 - a. What is the mission/aspirational goal of your organization? *(572 characters with spaces)*

 - b. How is this project related to your organization's mission/aspirational goal? *(802 characters with spaces)*

 - c. How does this project fit within your organization's strategic plan? *(802 characters with spaces)*

 - d. Summarize the organization's current programs and accomplishments. *(1493 characters with spaces)*

 - e. Why has this project been selected as a priority for your organization? *(1228 characters with spaces)*

f. What makes your organization(s) uniquely qualified to manage this grant project? (572 characters with spaces)

g. List the key staff positions for this project including 1) the key role the staff will play in project implementation, 2) a brief justification of the position, 3) whether this is a new or existing hire and, 4) the amount paid by the grant (by hours/hourly rate and/or lump sum for described deliverables). *Attach job descriptions for existing and new staff positions related to this project.* (1583 characters with spaces)

2. List how this grant will be **implemented and funded** over a two-year period. Fill in the table below.

TABLE 4. GRANT IMPLEMENTATION TIMELINE

Activity	Start Date	End Date	Impact 100 Expenses	Expenses paid by other Funds

3. Describe the **high impact** made by the grant proposal.
High impact programs are connected to an organization's or a program's aspirations that ultimately result in the transformation of our community.

The Need

- a) What is the *need your organization has identified?* (669 characters with spaces)
- b) Are you expanding on an existing project or is this a new project? (452 characters with spaces)
- c) If this is an expansion of an existing program, how does it meet/move closer to the aspirational goal of your organization? (452 characters with spaces)
- d) Describe the population that will be served and the number of people you anticipate will benefit. (2581 characters with spaces)

e) What are the high impact elements of the program? (Visionary, daring, risky, change the way a community or organization operates) *(1493 characters with spaces)*

f) Outline how your project will move the needle toward transformative, permanent change(s) in the population you identified and the community. *(2581 characters with spaces)*

Your Strategy and Vision

- g) What strategies have you developed to address the need? *(790 characters with spaces)*
- h) Describe how your organization will implement these strategies as a high-level overview in addition to Table 4 Grant Implementation Timeline. *(790 characters with spaces)*
- i) How does this grant fit within your organization's long-term vision? *(1796 characters with spaces)*

n) Do you anticipate that outcomes will influence best practices in your area of focus? Explain. (789 characters with spaces)

o) What is your plan to report on outcomes and impact, and to whom will the data be reported? (789 characters with spaces)

Sustainability

p) What is your plan to sustain the proposed project outcomes and funding after the two-year Impact 100 funding period? (670 characters with spaces)

Please provide references to support the need addressed; and any references you feel will be of value in helping us to better understand the challenges associated with addressing the need.

4. **Other Funding:** If this grant proposal includes other funding sources and/or is greater than \$100,000, identify the funding source, the likelihood of funding and date you anticipate funding. (1118 characters with spaces)

If you have received commitments for matching funds, attach commitment letters to your application.

5. **Construction/Renovation:** If this grant proposal requires construction, re-construction or renovation, provide the following details:

a) Will a zoning variance be required? If yes, provide your plan and dates to obtain the variance. *(900 characters with spaces)*

b) Have you received proposals or cost estimates? If so, list whom and include proposals/estimates as an attachment. *(900 characters with spaces)*

c) Are all providers licensed in Indian River County? If not, explain why you choose out-of-Indian River County vendors. *(1118 characters with spaces)*

d) Do you have the required permits, contracts, drawings, leases, site plans, etc.? List below and include as an attachment(s). *(1118 characters with spaces)*

6. **Collaboration/Partnerships** (see *Grant Guidelines for definition*): Impact 100 encourages but does not require nonprofit organizations to work with one another and other individuals and entities in developing and providing high impact projects.

a) If your proposal is a collaboration, list the organizations involved, justification for collaborating and describe previous collaborations the lead organization has had with each collaborating organization. *Attach a Letter of Commitment from each collaborating organization. (2244 characters with spaces)*

b) If your proposal includes partnerships, describe the relationship with the partner and the justification for partnering. *Attach a Letter of Intent from each partner. (2244 characters with spaces)*

SECTION IV: GRANT APPLICATION CHECKLIST

DIGITAL APPLICATION

Have you electronically submitted the Grant Application and all required attachments a day prior?

PART 1 CONTENTS

Have you submitted 20 hard copies of the Grant Application with ALL required attachments and in the same colored 3-pronged folders with your organization's name on the front?

Did the Executive Director and Chair of the Board of your organization sign the certification on the hard copy of the Grant Application? Please note this must be two different individuals.

Did you clearly describe the use of the entire \$100,000.00 grant amount?

IF APPLICABLE, INCLUDE THE FOLLOWING ATTACHMENTS

A copy of the organization's IRS 501 (c) (3) certification letter. If this is a collaborative grant, all nonprofits must submit a copy of the IRS 501 (c) (3) or 509 (a) letter.

A complete list of your board members.

A Board Approved Operating Budget for the current fiscal year.

Job descriptions for positions that will support the project.

Architectural drawings by a licensed provider.

Itemized cost estimates for new construction or re-construction by a licensed provider.

Permits, Zoning Variances, Leases.

Signed Letter (s) of Commitment from organization(s) providing matching funds.

Signed Letter(s) of Understanding from all benefiting organizations.

Signed Letter(s) of Commitment by all collaborating organization(s) – signed by both the Executive Director and Chair of the Board from each organization on the organization's letterhead. In the letter include a description of the compensation and use of the \$100,000 funds by each of the collaborating organization(s), and the type and value of any in-kind support provided to ensure grant success.

Signed Letter(s) of Intent by all partnering organization(s) – signed by the Executive Director on organization letterhead.

Note: Attach only what is required and provides information pertaining to the grant. Please omit pages from the grant like the General Information page, this checklist, promotional material like newsletters, website links and/or emails/letters of recommendations, etc.

PART 2 CONTENTS

Two hard copies of the required financial documents.

1. Two fiscal years of financial statements (i.e., Balance Sheet and Income statement). Reference chart below for requirements based on fiscal year end.
2. Two fiscal years of tax returns (IRS form 990 or as designated in the IRS determination letters).
3. For Audited organizations only: Refer to the chart below on the specific submission requirements based on the fiscal Year End of your organization.

If Fiscal Year End is	For the Current Year 2019	For 2018 Submit	For 2017 Submit
June 30, 2019	If audited statements are expected to be complete by 12/31/19, then a <i>Letter of Commitment</i> is required indicating that audited statements will be delivered by 12/31/2019. If audited statements are not expected to be available by 12/31/2019, then submit unaudited statements as of 6/30/2019.	Audited statements as of 6/30/18	Audited statements for 6/30/17 only if audited statements for 6/30/2019 are not yet available.
September 30, 2019	Unaudited statements as of 9/30/19	Audited statements as of 9/30/18	Audited statements as of 9/30/17
December 31, 2019	Unaudited statements for the 10 months ending 10/31/19	Audited statements as of 12/31/18	Audited statements as of 12/31/17

Note: Letter of Commitments should be submitted on the organization letterhead and signed by the Executive Director and Financial Executive.

4. For Unaudited or Financial Review organizations only: Financial statements are required for the two-previous full fiscal years plus additional supplemental information, including:
 - a) IRS Form 1023 (Application for 501 (c) 3 status – and all schedules and attachments
 - b) Copy of your organization’s bylaws
 - c) Brief narrative which includes:
 - i. History of your organization.
 - ii. Board of Director Governance – how frequently the Board meets, how minutes are maintained and any additional information to demonstrate Board oversight and Governance processes.
 - iii. Description of your financial practices - who prepares accounting records and financial statements and who reviews the information.