

Carroll H. Starr Endowment Challenge XI 2024

Community Foundation of Northern Illinois

Quick Tips

Before You Apply

- For application guidelines, instructions, deadlines and grant program information visit CFNIL's Carroll H. Starr Endowment Challenge.
- CFNIL will not accept proposals submitted after the deadline.

Good to Know

- This application autosaves!
- If you are having difficulty uploading a document, many times this is due to the file format or file size. For help with this, visit the *Working with PDFs* section on CFNIL's Grant Resources webpage.
- If you have applied for a CFNIL grant before, you can use the Copy Request feature to copy responses to similar questions from a previous application into this application.
 - How to Use the Copy Request Feature

Using Collaborator

- To invite others to join your work on a request, use the Collaborator Tool. You can also use this tool to create additional users for your organization. View the link below for more information.
 - How to Use Collaborator
- Please note: The collaborator tool is designed to allow multiple people to work on an application, BUT NOT AT THE SAME TIME. The last person to save will overwrite the entries of previous contributors.

Summary

Proposal Title*

Use: (Organization name) + (CHS Challenge XI Matching Grant)

Example: Community Foundation of Northern Illinois CHS Challenge XI Matching Grant

Character Limit: 100

Request Amount*

How much are you seeking in a challenge grant from CFNIL? (This will be 25% of your organization's total goal.) CFNIL will match \$1 for every \$3 raised for a total match between \$5,000 and \$50,000.

Character Limit: 20

Organization Contribution*

How much will your organization contribute to the Carroll H. Starr Endowment Challenge? (This will be 75% of your organization's total goal.) Organizations must choose to raise a total amount between \$15,000 and \$150,000.

Character Limit: 20

Total Goal*

What is your organization's total goal for the Carroll H. Starr Endowment Challenge? (This will be your Request Amount plus your Organization Contribution above.)

Character Limit: 20

Current Endowment?*

Does your organization currently have an endowment?

Choices

Yes

No

Endowment Status

Endowment Value*

What is the value of your organization's total current endowment? (Can be a total of multiple funds.)

Character Limit: 20

Endowment Location*

Do you have an endowment at CFNIL?

Choices

Yes

No

Endowment Strategy and Vision

Endowment Strategy*

Please describe your organization's plan to reach your CHS Endowment Challenge goal. Your response should include a detailed explanation of how your organization will communicate its participation in the Challenge to its donors.

Character Limit: 10000

Please estimate the percentage of your organization's goal that will come from the following sources: (Total should add up to 100%)

Program Service Revenue*

Character Limit: 25

Bequest or estate gift (anticipated)*

Character Limit: 25

Bequest or estate gift (realized)*

Character Limit: 25

Existing Endowment*

Funds from a currently existing non-CFNIL endowment.

Character Limit: 25

Fundraising*

New fundraising campaign specifically for CHS Endowment Challenge:

Character Limit: 25

Surplus from prior year*

Character Limit: 25

Donations from the Board*

Character Limit: 25

Other sources*

Character Limit: 25

Mission Alignment*

Explain why creating an endowment through the CHS Endowment Challenge is important to your organization. How will the annual distribution be used to strengthen your operations and improve your ability to achieve your mission?

Character Limit: 10000

Additional Proposal Info

Use this space to clarify any part of the proposal that you feel needs further explanation.

Character Limit: 4000

Demographics

Number Served*

Total number of unduplicated people your organization serves annually.

Character Limit: 7

Counties Served

What percentage of the number served will be residents of the following counties? If you don't expect to serve any clients in a particular county, enter 0% in the corresponding box.

Example:

Boone

75%

Counties	Percentage Served
Boone	
Ogle	
Stephenson	
Winnebago	
Other	
Total should be 100%	

Population Description*

Please describe the population that your organization serves. Include items such as race/ethnicity, socioeconomic status, age, and gender. Exact numbers are not required, but if you have exact numbers please provide them.

Character Limit: 4000

Organizational Information

Organization Type*

Choices

501(c)(3) Nonprofit
Public University/College
Religious Organization
Unit of Government

Year Founded*

This information can be automatically populated from your Nonprofit Profile on Guidestar.org. Applicants are encouraged to keep their profile up to date. If this information is not on your Profile, you may enter it.

Character Limit: 250

AKA

AKA = Also Known As. This information can be automatically populated from your Nonprofit Profile on Guidestar.org. Applicants are encouraged to keep their profile up to date. If this information is not on your Profile, you may enter it.

Character Limit: 250

Organization County*

In which county is your organization located?

Choices

Boone
Ogle
Stephenson
Winnebago
Other

Number of Staff*

List the total number of staff, given in full-time equivalent (FTE) units. (For more information, visit FTE Calculation.)

Character Limit: 100

Organization's Board of Directors*

Include a list of your organization's Board of Directors with affiliations and with the officers identified. You can either type this information in or upload a pdf.

Character Limit: 4000 / File Size Limit: 2 MB

Organization Logo

Upload a high-quality logo for your organization. Logos must be in JPG, PNG, or PDF format. Follow these instructions:

1. Label the logo file that you intend to upload with the name of your organization. All applicants will be uploading into the same folder. Example: "Sierra Club.jpg".
2. Click this link to access our dropbox.
3. Click "Choose from computer" and select your logo file.
4. Once you've added your logo file, click "Upload". You'll know the upload is complete when you see a green check box on the screen and a message saying "Thanks! You're all done."

Organization Facebook

Enter your Facebook profile address.

For Example: (facebook.com/cfnil)

Character Limit: 2000

Mission Statement*

This information can be automatically populated from your Nonprofit Profile on Guidestar.org. Applicants are encouraged to keep their profile up to date. If this information is not on your Profile, you may enter it.

Character Limit: 10000

Organization History and Accomplishments

Organization History*

Briefly summarize your organization's history.

Character Limit: 4000

Current Programs*

You may either upload a description of your current programs, such as a brochure (PDF format required), or type in a description.

Character Limit: 4000 / File Size Limit: 2 MB

Recent Accomplishments*

Describe your organization's recent accomplishments.

Character Limit: 4000

Additional Organizational Info

Use this space to clarify anything about your organization that you feel needs further explanation.

Character Limit: 4000

Organization Financial Information

Year-to-Date Income Statement*

Attach your organization's year-to-date income statement compared to budget. PDF format required.

File Size Limit: 3 MB

Year-to-Date Balance Sheet*

Attach your organization's year-to-date balance sheet as of the same dates as your year-to-date income statement above. PDF format required.

File Size Limit: 3 MB

Please include your organization's audited financial statements for your two most recently completed fiscal years in the upload fields below. (If your organization does not complete an audit of your financials, or has not yet completed your audit for the most recently completed fiscal year, upload your organization's most recently completed 990 forms.)

Audit Most Recent*

Upload the statement for your most recently completed fiscal year here. PDF format required.

File Size Limit: 5 MB

Audit Next Recent*

Upload the statement for your most recently completed fiscal year here. PDF format required.

File Size Limit: 5 MB

Additional Org Financial Info

Use this optional space to clarify anything about your organization's financials or financial documents.

Character Limit: 5000

Applicant Agreement

By clicking below, I agree to the following terms and conditions of the Community Foundation of Northern Illinois (hereafter "FOUNDATION") on behalf of my organization (hereafter

“APPLICANT”). Additionally, I certify that I am authorized to agree to these terms and conditions.

1. To establish a permanent agency endowment at the FOUNDATION.
2. To complete its fundraising activities as it relates to the CHALLENGE by December 31, 2025. The FOUNDATION will deposit matching funds into the grantee’s endowed fund immediately after the grantee has completed their fundraising goal for the CHALLENGE.
3. The grantee will be responsible for all fundraising activities.
4. To give reasonable access to the grantee’s files and records for the purpose of making such financial audits, verifications, and investigations as it deems necessary concerning the CHALLENGE and to maintain such files and records for a period of at least four years after completion of the CHALLENGE.
5. To allow the FOUNDATION to include information about this grant in the FOUNDATION’s periodic public reports, newsletter, news releases, social media postings, and on the FOUNDATION’s website. This includes the amount and purpose of the grant, any photographs you have provided, your logo or trademark, and other information and materials about your organization and its activities.
6. The grantee will notify the Foundation immediately of any change in (A) the grantee’s legal or tax status and (B) the grantee’s executive or key staff responsible for the CHALLENGE.

Agreement*

Choices

I agree to the above terms.