CLUB BLUE GRANT PROGRAM APPLICATION

* This document contains all the questions for the Club Blue Grant Program application. All applications must be submitted online at: <http://cfnil.spectrumportal.net/>. The application has been made available in this format so applicants can access the application even if they do not have internet access. No paper copies of the application will be accepted.
* For application guidelines, instructions, deadlines and grant program information visit [cfnil.org/grants/club/](http://cfnil.org/grants/club/)
* CFNIL will not accept proposals submitted after the deadline.
* Highlighted text indicates non-required questions.

**ORGANIZATIONAL INFORMATION**

* Organization Name
* Organization Mission/Goal Statement
* Organization EIN
* Organization Street Address
* Organization City
* Organization State
* Organization ZIP
* Organization County
* Organization Phone Number
* Organization Website
* Organization Logo
* Organization Facebook
* Organization Twitter
* Please attach a list of your organization’s Board of Directors and identify officers.

Enter information below regarding the Chief Executive Officer (CEO) of the applying organization. (Official correspondence will be sent to this individual's attention, including proposal status letters and grant payments.)

* CEO Prefix
* CEO First name
* CEO Last Name
* CEO Title
* CEO Email
* CEO Direct Work Phone Number
* CEO Phone Extension

Enter information below regarding the Primary Contact (PC) for questions about this application.

* PC Prefix
* PC First Name
* PC Last Name
* PC Title
* PC Preferred Phone Number
* PC Phone Extension
* PC Email
* PC Street Address
* PC City
* PC State
* PC Zip Code
* In which year was your organization founded?
* Briefly summarize your organization’s history:
* Describe your organization’s current programs and activities
* Approximately how many individuals, including adults and children, does your organization serve annually in Boone and/or Winnebago Counties?
* Describe your organization’s recent accomplishments
* List the total number of staff, given in full-time equivalent (FTE) units:
  + Hint: Link to <https://www.healthcare.gov/shop-calculators-fte/>
* Y/N: Is your organization a branch of a larger organization?
* Y/N: Do you have a governing board that regularly meets in Boone or Winnebago County?

**ORGANIZATIONAL FINANCES**

* Provide your organization’s most recent 990.
* Provide your organization's most recent audited financial statement.
* Approximately what percentage of your income comes from fundraising events each year?
  + Hint: Examples include annual events, raffles, auctions, etc…
* Please list (with dates) all fundraising events that generate funds for your organization.
* Please use this space to clarify anything about your organization's finances.
* Use this field to upload any additional financial documents.

**PROJECT INFORMATION**

* 1. What is the title of this project or program?
  2. How much is your organization requesting from the Club Blue Grants Program?
     1. Hint: Organizations may request up to $15,000.
  3. Describe, in detail, how your organization would use funds from the Club Blue Grants Program.
     1. Hint: Your organization may request funding for multiple projects or programs. Please explain each project or program.
  4. Give a timeline for the activities described above.
  5. The purpose of CB is to fund organizations that supply the basic goods and services that promote the safety, health and wellbeing of children in need in Boone and Winnebago Counties. How does this project fulfill Club Blue's mission?
  6. Y/N: Will your organization spend all funds received through the Club Blue Grants Program within 12 months of receiving those funds?
     1. Hint: Funds will be distributed in May 2020. Club Blue must authorize a longer spending period than 12 months.
  7. By what date will you start spending the grant funds?
     1. Hint: Funds will be available in May.
  8. By what date will all grant funds be expended?
  9. Will there be a naming opportunity for Club Blue for this program or project?
  10. If Yes, please describe.

**SERVICE POPULATION**

* Describe the target population of your charitable services.
* Will 100% of the population served reside in Winnebago and/or Boone County?
* If not, please explain why not?
  + Hint: Club Blue’s funding is for children who reside in Winnebago or Boone Counties.

For each category below, enter the approximate number served in an average year in Boone and/or Winnebago Counties. These numbers are specific to this request, not your organization’s overall numbers served unless the charitable activity impacts all your clients. If project demographic data does not exactly match the categories listed, please use your best estimate to divide the data into matching categories. The “Total Served” box at the end of each section should show the same number. Enter 0 if none.

* Residents of these counties:
  + Boone
  + Winnebago
  + Other
  + Unknown
* Race/Ethnicity:
  + American Indian or Alaska Native
  + Asian
  + Black or African American
  + Hispanic or Latino
  + Native Hawaiian or Other Pacific Islander
  + Other
  + Unspecified
  + White
  + Two or More Races
  + Unknown
* Ages:
  + All
  + Children (0 to 11)
  + Youth (12 to 18)
  + Adults (19 to 65)
  + Seniors (66 and up)
  + Unknown
* Genders:
  + Male
  + Female
  + Other
  + Unknown
* Please use this space to clarify anything about your organization's service population.

**RESULTS**

1. How many unduplicated children will this project/program benefit?
   1. Hint: Hint: In your final report, you will be asked to report the number of children served.
2. As a result of this grant, how many service hours will be provided to children?
   1. Hint: In your final report, you will be asked to report the number of service hours provided to children.
3. How did you calculate this number?
4. What other numeric items will you track to demonstrate the success of your proposed project or program?
   1. Hint: e.g., Number of meals served, number of items distributed, number of score levels increased, etc.
   2. Hint: In your final report, you will be asked to report the actual number of items listed above.

**ATTACHMENTS:**

1. Attach a project budget.
   1. Hint: Use the Budget Template found on <http://cfnil.org/grants/club/>
2. Attach a budget narrative.
   1. Hint: See the Sample Budget Narrative found on <http://cfnil.org/grants/club/>
3. Provide a letter from your Board Chair confirming that 100% of your organization's board donates to your organization.
   1. If you cannot provide this, please upload a document explaining why.
4. If applicable, a complete copy of the most recent accreditation or licensure report(s).
5. Please provide links to any audio, video, or other media files you use to promote your organization.
6. Please attach any PDF documents that describe your organization and its services. (#1)
7. Please attach any PDF documents that describe your organization and its services. (#2)
8. Acknowledge that by submitting an application you are agreeing to:
   1. Host tours of your facility by Club Blue committees and Board,
   2. Allow Club Blue to use your logo and other promotional materials (including video),
   3. Provide volunteers for Club Blue events,
   4. Promote Club Blue events and assist in recruiting sponsorship,
   5. Write a final report within 15 months after the grant has been issued, showing and detailing the final project, and
   6. That funds granted from Club Blue will be used for the designated project within 12 months of receipt of the funds.