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 **2025 TIER II GRANT INFORMATION SHEET**

 **JUNEAU HOPE ENDOWMENT and**

 **CBJ SOCIAL SERVICE FUNDING**

**Deadline for submission:** March 3, 2025 by 6:00 PM

**Submit application to:** amy@juneaucf.org

**Contact:** Executive Director Amy Skilbred, Juneau Community Foundation, 907-321-8884

**Eligibility:** This grant opportunity has two sources of funding. Approximately $2.25 million total will be available for granting, with no minimum or maximum funding level. Eligibility guidelines for the two sources of funding are listed below to help you determine if your project/program is eligible for funding; you do not need to select which funds you are applying for. Requests involving maintaining, acquiring, improving, or constructing facilities are ineligible for funding through this grant opportunity.

Juneau Hope Endowment Fund Guidelines
Funds support programs and projects in the following areas: suicide prevention, hospice, substance abuse, homelessness, mental health, and victims of abuse.

* Nonprofit 501(c)3 organizations, government entities, and schools demonstrating 3 years of operation in Juneau may apply.
* Cooperative applications between multiple nonprofits addressing area priorities are encouraged (and may be eligible for multi-year funding).
* An organization may be part of more than one project or program.
* Projects can address more than one of the six funding areas.
* The following projects will NOT be considered: health services that are not directly related to mental health, capital expenditures for housing, and funding for public or private education.

CBJ Social Service Block Grant Funding Guidelines

Funds programs and projects for 501(c)3 nonprofit organizations in the following areas:

* Health:access to health care, suicide prevention and substance abuse, infants and toddlers, seniors, people with disabilities.
* Education:readiness to learn, early elementary performance, success in high school, community building in schools.
* Income Stability: access to employment (childcare), addressing poverty through shelter, food, clothing, young adult stability, family stability.

**Requirements:**

* Grantees will be required to file interim and final reports on how funds are used and outcomes.
* An annual granting process will be followed.
* Organizations should submit only one application, unless also applying for a cooperative grant with other organizations.

Please complete the attached form and submit it according to the instructions above. The form fields are designed to expand as you type without limitation. If you need additional rows in the tables, you will need to click on “Protect Form” or “Restrict Editing” on the Developer tab (which you may need to add to your toolbar) to enable the form to be edited. Hit tab while in the last cell to add another row. When your edits are complete click “Protect Form” again in order to tab through the remaining input fields. Alternately, the editable Word version of the form may be utilized. Additionally, if a separate document already exists that includes all of the requested information, without a lot of additional information, it may be attached to this document rather than duplicating the information into the tables on this form.

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 **2025 TIER II GRANT APPLICATION**

 **JUNEAU HOPE ENDOWMENT and**

 **CBJ SOCIAL SERVICE FUNDING**

**ORGANIZATION INFORMATION**

Name of organization:

Mailing address of organization:

City:       State:       Zip Code:       Phone:

Website:       Fed. Tax ID #:

Date of Incorporation:       Organization status:       IRS 501(c)(3)       Other

Name of chief executive:       Title:

CEO phone:       CEO email:

Contact name for this application:       Contact title:

Contact phone:       Contact email:

|  |  |  |
| --- | --- | --- |
| FINANCIAL SUMMARY | LAST COMPLETE FISCAL YEAR (actual) | CURRENT FISCAL YEAR (budget) |
| Total revenue | $      | $      |
| Total expenses | $      | $      |

**PROJECT OVERVIEW**

Project Title:

Specific purpose for which funds are requested:

Project Start Date:       Project End Date:

Amount Requested: $      Total Project Budget: $

Primary Project Area(s) (i.e., homelessness, education, etc. See grant eligibility guidelines):

Signature of authorized official: Date:

Typed name of official:       Title of Official:

**ORGANIZATION NARRATIVE**

Please, provide a brief history of your organization and the services you provide (2-3 sentences). Highlight one or two key facts, accomplishments, or programs that you are proud of and why.

**BOARD MEMBERS AND BOARD GIVING**

Total number of board seats in bylaws       Number of board seats filled

Did all board members make a cash contribution to your organization last year? Yes       No

| **Board Member** | **Position on Board** |
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**CONTRIBUTORS**

To assist us with understanding where support for your organization comes from, please provide the following information for your last complete fiscal year.

| **FUNDING SUPPORT** | **APPROXIMATE % OF INCOME** | **APPROXIMATE # OF GIFTS/GRANTS** |
| --- | --- | --- |
| Individual contributions |       |       |
| Board member contributions |       |       |
| Corporate/business contributions |       |       |
| Fundraising efforts |       |       |
| Foundations |       |       |
| Earned income |       |       |
| Endowment earnings |       |       |
| Government |       |       |
| Medicaid |       |       |
| Other (identify sources) |       |       |

Organization’s total unrestricted cash reserves at beginning of current fiscal year: $

**FINANCIAL INFORMATION**

Please include the following documents with this application:

* Copy of the first page of your most recent 990 Form
* Copy of your last fiscal year Financial Statement
* Copy of your current fiscal year Financial Statement
* Copy of your current year operating budget

**NOTE:** Financial Statement consists of Balance Sheet and Profit and Loss Statements from the same time period. Please combine these into one document for each Financial Statement requested. The Budget only requires a budget for income and expenses.

**PROJECT INFORMATION**

**Project Leaders**: Briefly describe your project leader(s)’ experience and their role in the project.

**Project Outline:** Please complete by stating each objective and the major activities/tasks, timeline, responsible party, and outputs that will be completed to meet each objective. Projects will typically have more than one objective. Each activity should be chronological under that objective, if the activity is repetitive, indicate that it is weekly, monthly etc. rather than listing it several times. This outline may be copied into a separate document and laid out in landscape, if desired. Please call Amy Skilbred 523-5450 if you have questions.

***Example***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Timeline*** | ***Activity*** | ***Responsible Party*** | ***Measurable Output/Outcome*** |
| *Objective: Provide services to 40 more people.* |
| *Week 1* | *Put notice to hire .5 FTE in newspaper* | *Joe Smith/Comm. Dir.* | *Notice in JE, on KTOO* |

| **Timeline** | **Activity** | **Employee Name & Position of Responsible Party** | **Measurable Outputs/Outcomes** |
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| Objective 2:       |
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**Project Narrative**

Describe your project (1 page or less recommended): Explain the current situation, the need and your project plan for addressing this need. If your project involves partnerships with other organizations briefly indicate their roles.

**Evaluation Information**

Describe how you propose to measure outputs and outcomes: What key issues do you want an evaluation to address? What data sources do you have access to and how do you plan to utilize them to measure progress? For multi-year grants: How do you plan to use evaluation information to improve program services? (1 page or less recommended).

**Project Budget**

| **List budget items below, e.g., personnel (list different positions separately), consultant, travel, equipment, supplies, services) .** | **Requested Amount** | **Amount from Other Fund Sources** | **Total Project Budget** |
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| **TOTAL** | $      | $      | $      |

| **Sources of other funds – list each source of revenue** | **Amount** | **Indicate whether revenue is pending, committed, or secured; whether in-kind or cash.** | **Anticipated decision date (if applicable)** |
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| **TOTAL** | $      |  |  |

**Budget Narrative**

Provide a budget narrative explaining how you arrived at each line item dollar amount of your budget and clearly identify the number of positions included in your request, if any.

**Sustainability**

Provide an explanation of how your organization plans to sustain this project.

**Government Funding Planning**

Please provide information on any anticipated reduction in state or federal funding for the coming year. If you do anticipate a reduction in such funding, what range of reductions do you anticipate (generally)? How do you anticipate your organization absorbing such a reduction (e.g., positions cut, programs reduced, etc.)? How high a priority would your organization place on replacing funds lost through reductions in state or federal funding**? If your situation has not changed since you submitted a Letter of Interest, please copy and paste that information here.**