Fund for Louisville Capacity Building Grants Application

Community Foundation of Louisville

Organization

1. Please share the organization's mission and introduce its work, noting the primary programs and services offered in Louisville.

2. Please describe the impact your organization seeks to make for people and/or places in the target zip codes. In your response, please name zip codes(s) and/or neighborhoods in which you work. Then, please describe the impact that your organization had in the target zip codes in the past year. Please be specific, using numbers when possible.
   With this grant, we seek to strengthen organizations currently doing substantial work in one or more of the 11 zip codes most impacted by longstanding disinvestment and underinvestment. For more information about the focus of this grant opportunity, including a definition of the target zip codes, see https://www.cflouisville.org/grants-partnerships/fund-for-louisville.

3. How does the organization define what it means for a person to be "served" by the organization?
   If your organization does not serve people, please respond "NA"

4. How many people did the organization serve in the last fiscal or calendar year?
   Please share the total number of individuals served, regardless of their location. If your organization does not serve people, please respond "NA".

5. How many people did the organization serve in the last fiscal or calendar year in the target zip codes?
   If your organization served 10 people in 40212 and 25 people in 40219, you would respond "35 people". If your organization does not directly serve individuals or if there is another reason why you do not have this data, please respond "NA".

6. We would like to understand the age, gender, and race/ethnicity of those served in the target zip codes. Please share your best estimate of the age ranges, gender breakdown, and race/ethnicity (i.e. 80% African-American, 20% Asian/Pacific Islander); the numbers do not have to be exact.
   If your organization does not serve people or if there is another reason why you do not have this data, please respond "NA"

7. In what year was the organization founded? Year only

8. Number of full-time employees

9. Number of part-time employees

10. What is the organization's total annual revenue in the last completed fiscal year?

Project

1. Project Name

2. Project Description
   Please describe your capacity building project. In your response, please tell us what you will do, how you will do it, and why you need to do it.

3. Project Objectives
   Using a short, simple statement or statements, please clearly describe the project's objective(s). Please list no more than 3 objectives.

4. Why does your organization need to invest in capacity right now?
   Please tell us about the circumstances that led to the decision to apply for this grant.

5. If you receive funding for this project, what will be different about your organization when it's complete?
   Please use before/after statements or numbers when possible to help us understand the potential impact of this project for your organization.

Funds Requested and Budget

1. Budget Overview

2. What is the total cost of the proposed project?

3. What grant amount are you requesting?
   You may request any amount up to $20,000, but CFL seeks to fund at least half of the total project cost. This means proposals for projects that cost more than $40,000 will not be considered.

4. Please tell us about the resources you will use to complete this project.
   Please be specific and include, where applicable, the names of consultants, software, leadership development/staff training courses, etc. On the application dashboard, you will upload a detailed project budget before submitting the application

Board of Directors Listing

Please upload a listing of your current board of directors. Please include each member's title, organizational affiliation, and email address.

Project Budget

Please download the template and then upload.

IRS Form 990

Please upload IRS Form 990 for the most recent fiscal year. If your organization is not required to file this form, please upload a statement to that effect and explain why your organization is not required to file Form 990.