

African American Unity Fund Application Questions

Before You Begin

All applicants are strongly encouraged to read through the full application and to ask questions/get feedback prior to submitting a proposal. We are happy to help, so don't hesitate to email Katrina Adams at grants@omahafoundation.org or call 402-342-3458 for assistance!

APPLICATION CHECKLIST

- Application responses—be sure to type and save your answers in a text document BEFORE you start!
- Organization Budget for the most recently completed fiscal year (max 2 pages)
- Project Budget showing all pending and confirmed sources of revenue and expenses (max 2 pages)
- If you need assistance, please let us know! We have templates and other resources that may be useful!

Helpful Tips

Please add mail@grantapplication.com to your safe senders list to ensure you receive all system communications.

You can start the application and come back to where you left off!

Bookmark this link https://www.GrantRequest.com/SID 2367?SA=AM

SAVE OFTEN!— if the system times out, you will lose your work!

Please Note: There are word limits for open-ended questions. We recommend the following process to ensure your answers do not exceed these limits:

- 1. Compose answers in a word-processing document.
- 2. Limit use of bullets and other formatting.
- 3. Do a word count (under "Review" or "Tools," then "Word Count") and make edits as needed.
- 4. Copy and paste answers into the online application form.

Do **NOT use ALL CAPS when entering your responses. **



		Co	intact information		
Organization De			10		
	inization profile n	eed to be upda	ted?		
Yes No					
Organization N	ame				
Street Address					
City		State		Zip Code	
Phone		Website			
Tax ID					
Applicant Organiz	ation's Tax ID numbe	r OR the Tax ID nu	mber of your Fiscal Agent.		
Fiscal Agent Co	ntact Information	า			
If you are using a	Fiscal Agent, please p	provide the Organiz	zation's Name and Address.		
Executive Direc	tor or CEO				
Prefix	First Name		Last Name	Title	
Office Phone	Extension		Email		
Primary Contac	t for this Proposal				
Prefix	First Name		Last Name		
, renx	. Hot Name		Last Haine		
Office Phone	Extension		Email		

Does the Executive Director support this funding request?

Omaha Community Foundation Good grows here.

Organization Information

Non-Discrimination Clause

Do the applicant organization's policies and practices comply with the following Non-discrimination Clause: The above-named organization confirms it does not discriminate in hiring practices or service provision to clients and/or customers based on race, ethnicity, religious preference, age, [mental, emotional, or physical] ability/disability, sexual orientation, gender identity, military service, or gender.

Yes, our organization DOES comply with the above non-discrimination statement. No, our organization DOES NOT comply with the above non-discrimination statement.

Background Information					
Agency Focus	Year Established				
Mission Statement: What is your organization aspiring to achieve in the community?					
Organization Description : Please share more information about your organ provided.	ization and the programs or services				
What is the cost to run your organization for a full year?					
Organization Budget: Show a budget-to-actuals comparison of your revenue	ue and expenses.				

Downloadable: Organizational Budget Template

Limit your attachment to 2 pages.

** Submitting incorrect budget information could remove your proposal from consideration. We are happy to answer any questions about completing your budget. Please contact us at 402-342-3458 or via email at grants@omahafoundation.org for assistance.



Board Information and Staff Information

Please list your current board members.

Name; officer role served on your board, if any; and professional affiliation (employer and title)

What percentage of your agency's board is African American?

What percentage of your agency's management staff is African American?

What percentage of your agency's front-line staff is African American?

Population/Geography Organization Serves

Race/Ethnicity

What percentage of your clients are in each of the following identity groups (must add up to 100%)

Other race/ethnicities served and percentage:

Population Served

Describe the populations that your organization currently serves.

Geographical Area Served

Check your organization's geographic areas of service (choose all that apply)

Request Information



Proposal Focus Area						
What is the start date for this proposal?	What is the end date for this proposal?					
Proposal Title						
Be concise and descriptive.						
What needs are you trying to address in the African American community?						
Clearly explain the needs and how your request will address them						
What actions you will take to achieve your goals?						
What do you plan to accomplish with this proposal?						
Describe the results you expect for your agency, the people you s	erve, and/or our community.					



How will you know if your proposal is successful?
Downloadable: Planning and Evaluation Guide
This is a great reference tool that you can download and save for future use!
What will be the impact to the African American community?
How will you continue your efforts beyond the grant period?
If your proposal is for a one-time request, like an event, please enter N/A for this question.
Are there other organizations in our community that offer similar services? Do you collaborate with these or other organizations?
Be sure to explain why or why not.
How many clients will this proposal serve?
Describe the target audience for this program/project.

Omaha Community Foundation Good grows here.

Proposal Financials

Amount Requested

Total Project Budget

Proposal Budget: Show the costs to fulfill your proposal.

Downloadable: Proposal Budget Template

This must include all the sources for anticipated revenue and expenses.

Expense Narrative (Proposal Budget)

If needed, please use the space below to explain or expand upon any of the **EXPENSE** line item(s) in your proposal budget. Please be clear and concise.

Revenue Narrative (Proposal Budget)

If needed, please use the space below to explain or expand upon any of the **REVENUE** line item(s) in your proposal budget. Please be clear and concise.

AAUF is focused on strengthening the community by encouraging partnerships, collaborations, and business practices that empower African American owned or operated businesses. Please share how your organization is working in partnership with businesses or nonprofits that empower African Americans.

Additional Information

Optional Question

The Nonprofit Association of the Midlands (NAM) Guidelines and Principles provide legal compliance and best practice information in 12 major areas of nonprofit management. These resources are free and available to all nonprofits in Nebraska and Iowa. If you would like more information, please visit the NAM website at www.nonprofitam.org/page/guidelines.

Has your agency adopted the Guidelines & Principles for Nonprofit Excellence in Nebraska through the Nonprofit Association of the Midlands?

Please Note: This is not a requirement to receive funding.

