

# 2016 AFRICAN AMERICAN UNITY FUND

THIS INFORMATION IS PROVIDED FOR PLANNING PURPOSES ONLY. PLEASE NOTE THAT APPLICATIONS MUST BE SUBMITTED THROUGH THE ONLINE FORM ON THE OMAHA COMMUNITY FOUNDATION'S WEBSITE ([WWW.OMAHAFUNDATION.ORG](http://WWW.OMAHAFUNDATION.ORG)) UNDER "FOR NONPROFITS."

## ORGANIZATION INFORMATION

### GENERAL INFORMATION

- Legal Name
- Organization Name
- Federal Tax ID #
- Fiscal Agent. If you are using a Fiscal Agent please provide the Organization's name and address.
- Address
- Phone
- Fax Number
- Web Address

### BACKGROUND INFORMATION

- Agency Focus (select one)
  - Arts & Culture
  - Education
  - Religious
  - Other
  - Animal
  - Health
  - Social Advocacy
  - Community Involvement
  - Human Services
  - Youth Development
- Year Established
- Mission Statement (*word count of 100*)
- Organization Description. Please provide a brief overview of your organization and its services. (*word count of 250*)
- What size is your organization's current fiscal year operating budget? (select one)
  - Less than \$100,000
  - \$100,000-\$249,999
  - \$250,000-\$499,999
  - \$500,000-\$999,999
  - \$1-5 million
  - \$5-10 million
  - \$10-100 million
- Organization Budget. Attach your organization's income statement for the most recently completed fiscal year. This should be the operating budget for your most recently completed fiscal year and include both budgeted and actual revenue and expenses. Limit your attachment to 2 pages.

### BOARD AND STAFF INFORMATION

- Please list your current board members. List 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?



Omaha Community  
Foundation

Let good grow.

*2016 African American Unity Fund.***ORGANIZATION INFORMATION, CONTINUED****POPULATION / GEOGRAPHY**

- Race/Ethnicity. Please enter what percentage of your clients are in each of the following identity groups. (must add up to 100%)
  - African American
  - Alaskan Native
  - Asian American
  - Caucasian
  - Hispanic/Latino
  - Multi
  - Native American
  - Native Hawaiian or other Pacific Islander
  - Not listed-please identify
  - Other race/ethnicities served and percentage
- Populations Served. Check all of the populations that your organization currently serves. (choose all that apply)
  - General Population
  - Immigrants
  - LGBTQ Community
  - Low Socioeconomic Status
  - Persons with disabilities
  - Refugees
  - Veterans
  - Not listed-please identify
  - Additional Populations Served
- Geographical Area Served. Check your organization's geographic areas of service. (choose all that apply)
  - Omaha Metro Area
  - Midtown Omaha
  - North Omaha
  - South Omaha
  - West Omaha
  - Douglas County
  - Sarpy County
  - Greater Nebraska

**CONTACT INFORMATION****ORGANIZATION EXECUTIVE DIRECTOR OR CEO**

- Name
- Title
- Office Phone
- E-Mail
- Does the Executive Director support this funding request? Yes / No

**PRIMARY CONTACT FOR FUND REQUEST**

- Same as above (checkbox)
- Name
- Title
- Office Phone
- E-Mail

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## REQUEST INFORMATION

- Project Title
- Program Request Area
  - Arts & Culture
  - Education
  - Religious
  - Other
  - Animal
  - Health
  - Social Advocacy
  - Community Involvement
  - Human Services
  - Youth Development
- Purpose of grant request (*word count of 250*)
- Strategies. What actions will you take to implement this program? (*word count of 250*)
- Expected Results. Expected results for your agency, the people it serves, and our community. (*word count of 250*)
- Evaluation. How will you know if this program is successful? (*word count of 250*)
- Sustainability. How will you continue this program beyond the grant period? (*word count of 250*)
- Similar Organizations or Programs. List some other organizations that offer similar services. Discuss how services are coordinated and if gaps remain. (*word count of 250*)
- How many clients does this program/project serve?
- Amount Requested
- Total Project Budget
- Project Budget. Please attach a copy of the budget (all anticipated income sources and expenses) for your proposed project, program or capacity request. Limit your attachment to 2 pages.

## ADDITIONAL INFORMATION

- Has your agency adopted the Guidelines and Principles for Nonprofit Excellence in Nebraska through the Nonprofit Association of the Midlands? Please note that this is not a requirement to receive funding through the African American Unity Fund.
- Select from the following options:
  - Yes
  - No
  - In progress
  - I would like more information