African American Unity Fund (AAUF)

ORGANIZATION INFORMATION

Organization Name: *

[   ]

Are you a new or returning applicant or grantee? *

◯   We are a RETURNING GRANTEE applying for a NEW project.

◯   We are a RETURNING GRANTEE applying for a CONTINUATION of a previously funded project.

◯   We are a RETURNING APPLICANT.

◯   We are a NEW APPLICANT.

Please select the option that best describes your organization - if you have applied previously but were not awarded grant dollars, select "Returning Applicant".

Are you using a Fiscal Agent to apply for this grant? *

◯   Yes

◯   No

This is an arrangement between a nonprofit organization with 501(c)(3) tax exempt status and a project, conducted by an organization that does not have 501(c)(3) status.

What is your Tax ID number? *

[   ]

Limit: 11 characters

Enter your organization's Tax ID number or the Tax ID number of your fiscal agent. Preferred formatting: XX-XXXXXXX

BACKGROUND INFORMATION

Agency Focus: *

[Select...   ]

Year Established: *

Limit: 4 characters

YYYY

Mission Statement: *

Limit: 50 words

What is your organization aspiring to achieve in the African American/Black community?

ORGANIZATIONAL DIVERSITY, EQUITY, INCLUSION, and REPRESENTATION

Are the applicant organization's policies and practices in alignment with the following Non-Discrimination Clause? The applicant organization does not lawfully or unlawfully discriminate in its hiring practices or service provisions to clients and/or customers based on race, ethnicity, religious preference, age, [mental, emotional, or physical] disability, sexual orientation, gender identity, military service, or gender. *

○ Yes, our policies and practices DO comply with the above Non-Discrimination Clause.

○ No, our policies and practices DO NOT comply with the above Non-Discrimination Clause.

Upload your organization's Non-Discrimination policy. *

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf, .jpg, .jpeg

Do **NOT** upload your organization's entire employee handbook. Only submit the pages that contain your organization's non-discrimination policy. **Max 2 pages.**

How is Diversity, Equity, Inclusion, and Representation addressed within the organization? *

Limit: 150 words

What ways are these values incorporated into your organization?

List your current board members. *

Limit: 150 words

Please list each board member's name, role (if any), and professional affiliation (employer and title).

What percentage of your agency's board identifies as African American/part of the greater African Diaspora? *

[⇕] %

How many volunteer staff does your organization have? *

[⇕]

How many paid employees does your organization have? *

[⇕]

What percentage of your agency's management staff is African American/part of the greater African Diaspora?? *

[⇕] %

What percentage of your agency's front-line staff is African American/part of the greater African Diaspora? *

[⇕] %

ORGANIZATIONAL FINANCES

To be eligible for this program, organizations must have an annual operating budget at or below $500,000. No exceptions will be made.

What range best describes your organization's current annual operating budget? *

Select...

To be eligible for this program, organizations must have an annual operating budget at or below $500,000. No exceptions will be made.

Organization Budget: *

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .xls, .xlsx

Attach your organization's operating budget for your most recently completed fiscal year which should include both budgeted and actual revenues and expenses. **Max 2 pages**.
We strongly recommend using our operating budget template: Organizational Budget Worksheet (https://omahafoundation.org/wp-content /uploads/2020/01/OCF_OrganizationBudget_Worksheet.xlsx)
This ensures reviewers can easily read and assess your budget information.

Does the Organization Budget you provided represent actual or aspirational revenues and expenses? *

○   The budget provided represents my organization'a actuals.

○   The budget provided represents my organization'a aspirational budget.

- If incorporated for less than 12 months, an aspirational budget is acceptable but it should be realistic for a new organization and its capacity. Be sure to note in the budget narrative where funding will come from to support your budget.
- If incorporated for a year or more, we need your budget (https://omahafoundation.org/wp-content/uploads/2020/01 /OCF_OrganizationBudget_Worksheet.xlsx)-to-actuals (https://omahafoundation.org/wp-content/uploads/2020/01 /OCF_OrganizationBudget_Worksheet.xlsx) for the most recently completed fiscal year.

Organization Budget Narrative: *

Limit: 150 words

Please provide any additional supporting information you'd like to provide about your organization's operating budget.
If you are submitting an aspirational budget, please explain why above.

CONTACT INFORMATION

Organization's Executive Director/CEO: *

First Name

Last Name

Title: *

[   ]

<div align="right">Limit: 3 words</div>

Office Phone *

🇺🇸 [   ]

(xxx) xxx-xxxx

Executive Director/CEO Email: *

[email@example.com   ]

Does the ED/CEO support this funding request? *

○ Yes
○ No

Is the primary contact for this funding request the same as the ED/CEO above? *

○ Yes
○ No

REQUEST OVERVIEW

Each question has a word limit to encourage a thoughtful, clear and concise response.

Proposal Start Date *

[   ]

Proposal Completion Date *

[   ]

Funding for this grant program must be used by December 31 of the current calendar year.

Amount Requested: *

$ [⬍]

Please be aware that full funding is not always possible and never guaranteed. Be sure that your request amount is both reasonable and sufficient to achieve your stated goals.

Project Title: *

Limit: 5 words

Please do **NOT** use your organization's name in the project title.

Which AAUF funding priority area best fits your proposal? *

Select...

Request Summary: *

Limit: 50 words

Provide a high-level overview of the project or activities you would like to fund with this request. Clearly state what will be the result?
Note: The Omaha Community Foundation may use the content of this application and any awards received in educational and promotional efforts. These materials might include: communications with other donors or foundations, printed or electronic publications, websites, social media, or other electronic communications.

APPLICATION QUESTIONS

What is the problem or opportunity being addressed? (Need) *

Limit: 150 words

Clearly explain the need and how your proposal will address it. Use supportive data to build a strong case statement, if available.

What do you plan to accomplish with this proposal? (Goals) *

Limit: 150 words

Describe the goals you want to achieve and the impact or results of those goals.

What steps will you take to achieve the above goals? (Actions) *

Limit: 150 words

Clearly describe the activities you will implement to achieve the above goals. How do these activities address the need identified above.

Who will be served by this proposal? (Demographics) *

Limit: 150 words

Describe in detail who will benefit from this service, program, or initiative? Which persons, organizations, or systems will be served by your proposal? Please include known demographic information such as age range, population zip codes, and other details that will paint a picture of who you are serving with this request.

How many people will be served by this proposal? (Annual Service Numbers) *

Please be realistic and base this number on your organization's capacity. A higher number is not always better. Calculate the cost per participant. Quality programming and implementation is key.

How will you know if your service, program, or initiative is successful? (Evaluation) *

Limit: 150 words

What does success look like? How will you measure success? When will you know if you have been successful? This should include a brief overview of the evaluation process for the program, project, or initiative.
If you are unsure how to answer this question, please review the Planning and Evaluation Guide (https://omahafoundation.org/wp-content/uploads/2019/02/OCF_PlanningEvaluation_Guide.pdf)

What will be different in the African American/greater African Diaspora community as a result of your work? (Outcomes) *

Limit: 150 words

This could include information such as a change in skills, knowledge, attitudes, beliefs, behavior, circumstance or anything else you measure as part of your determining your impact.

Describe how you are working with other nonprofits, businesses, or government organizations. If you are not working with others, clearly explain why. (Collaboration) *

Limit: 150 words

Often, community issues require more than a single program or service. Describe how you address this priority area working with other nonprofits, businesses, or government organizations. This could be around who you work with to deliver services, advocating for policy issues, or any other important partnerships you have that help improve the priority area you identified.

How will you continue the work described in this proposal beyond the grant period? (Sustainability) *

Limit: 150 words

Funding for this grant program must be used by December 31 of the current calendar year. Additionally, all proposal activities must be completed no later than December 31 of the current calendar year.

How were the voices of those impacted included in the development and/or implementation of this service, program, or initiative? (Representation) *

Limit: 150 words

PROPOSAL FINANCES

Total Project Cost: *

$ [   ]

What is the total amount needed to fully implement this proposal?

Project Budget: *

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .xls, .xlsx

Attach a detailed proposal budget that lists expenses, anticipated revenue, and sources (secured and unsecured). **Max 2 pages.**
We strongly recommend that you use our budget template: Proposal Budget Template (https://omahafoundation.org/wp-content/uploads/2020/01/OCF_ProposalBudget_Worksheet.xlsx)

This ensures reviewers can easily read and assess your budget information.

Expense Narrative (Project Budget) *

[text input field]

Limit: 150 words

How will funding from this request be used? If there is a large gap between the total project cost, the amount requested, and the amount secured--explain what will happen if no additional funds are raised. Use this space to provide any needed clarification regarding the expenses in your proposal budget.

Revenue Narrative (Project Budget) *

[text input field]

Limit: 150 words

If there is a large gap between the total project cost, the amount requested, and the amount secured--explain what will happen if no additional funds are raised. Use this space to provide any needed clarification regarding the revenues in your proposal budget.

RELEASE OF APPLICATION INFORMATION

By submitting this proposal, you affirm that the Omaha Community Foundation may use the content of this application and any awards received in educational and promotional efforts. These materials might include: communications with other donors or foundations, printed or electronic publications, websites, social media, or other electronic communications.

☐ **I have read and agree to the release of application information. ***