

# Bullis Fund 2019

---

## Rochester Area Community Foundation

### Eligibility Questions

---

*Before beginning an application for the Bullis Fund, please read the Eligibility Conditions below to ensure that your organization and request for funding meet the conditions.*

*You can learn more about these requirements by returning to the Bullis Fund Profile Page [here](#).*

*Please note, \* indicates a required field.*

#### Eligibility Conditions:\*

1. **IRS Tax Status:** Your organization must be classified by the IRS as a 501(c)(3) organization or a 509(a)(1) public organization. (If not, you must have a fiscal sponsor for this request.)
2. **Geographic Area(s) Served:** The funds you are requesting must go towards providing direct or indirect benefit to the residents of Macedon or Southwest Wayne County.

Having read these Eligibility Conditions, do you want to continue to the application?

#### Choices

Yes  
No

### IRS Tax Status

---

#### Incorporation Year\*

*Character Limit: 250*

#### Letter of Determination\*

Is the name of the organization you registered with the same as it appears on the IRS 501(c)(3) or 509(a)(1) Letter of Determination?

#### Choices

Yes  
No

#### Letter of Determination Followup

If the organization name **DOES NOT** match the IRS Letter of Determination, please explain the reason for the difference and indicate the appropriate organization's name to be used for the grant.

*Character Limit: 5000*

## **Fiscal Sponsor Form**

**A fiscal sponsor is required for applicants that are not classified by the IRS as a 501(c)(3), or 509(a)(1) public organization.**

Please download this Fiscal Sponsorship Agreement if you have a fiscal sponsor for this project. Upload the completed form into this application by clicking the 'Upload a file' button below.

*File Size Limit: 1 MB*

## *Organization Information*

---

### **Board of Directors\***

Include a listing of your organization's Board of Directors with their affiliations.

*Character Limit: 10000*

### **Organization Demographic Survey\***

Please download this Organization Demographic Survey form. Upload the completed form into this application by clicking the 'Upload a file' button below.

*File Size Limit: 5 MB*

### **Organizational Capacity: Mission\***

What is your organization's mission and how does this project relate to it?

*Character Limit: 3000*

### **Letters of Support**

You may upload any letters of support from partner agencies by clicking the 'Upload a file' button below.

*Please note: Only one file can be uploaded. If submitting more than one letter of support, you must combine all documents into one file.*

*File Size Limit: 2 MB*

## *Statement of Revenue and Expenditures*

---

### **Fiscal year\***

What is Your Fiscal Year? (*Jan-Dec, July-June, etc.*)

*Character Limit: 50*

*For the following set of questions, please enter the % of revenue your organization receives from each of the sources listed below.*

**% of Revenue from Fees\***

*If you do not receive revenue from this source, enter 0.*

*Character Limit: 7*

**% of Revenue from Fundraising\***

*Fundraising includes (e.g., events, gifts, bequests, etc.) If you do not receive revenue from this source, enter 0.*

*Character Limit: 7*

**% of Revenue from Government\***

*If you do not receive revenue from this source, enter 0.*

*Character Limit: 7*

**% of Revenue from Grants\***

*If you do not receive revenue from this source, enter 0.*

*Character Limit: 7*

**% of Revenue from Investment Income\***

*If you do not receive revenue from this source, enter 0.*

*Character Limit: 7*

**% of Revenue from Membership\***

*If you do not receive revenue from this source, enter 0.*

*Character Limit: 7*

**% of Revenue from United Way\***

*If you do not receive revenue from this source, enter 0.*

*Character Limit: 250*

**Recent One-Page Organization Budget\***

Please upload a one-page financial summary of your organization's most recently completed, and preferably audited, fiscal year. Upload your document into this application by clicking the 'Upload a file' button below. Your document should reflect the budgeted and actual revenues and expenditures (be sure to note the fiscal year in the text box below).

*Character Limit: 250 | File Size Limit: 5 MB*

## *Information for this Request*

---

### **Project Name\***

*Character Limit: 100*

### **Program/Project Brief Description\***

Please describe the program/project in one sentence.

*Character Limit: 1000*

### **Total Project Cost\***

*Character Limit: 20*

### **Amount Requested\***

*Character Limit: 20*

### **Date When Funds are Needed\***

*Character Limit: 10*

### **Projected Date When Funds will be Spent\***

*Character Limit: 10*

### **Target Population\***

Who is the target audience for this program/project and how will they benefit from participation?

*Character Limit: 5000*

### **Number of Participants\***

*Character Limit: 250*

### **Recruitment\***

How will participants be recruited for, or access, this program/project?

*Character Limit: 5000*

### **Area(s) Served\***

*Character Limit: 250*

### **Program/Project Budget Form\***

Please download this Program/Project Budget Form. Upload the completed form into this application by clicking the 'Upload a file' button below.

*File Size Limit: 5 MB*

### **Brief Budget Narrative**

Include a brief budget narrative of no more than 500 words to explain your budget (i.e. number of staff; type of consultant and rate; number of training sessions, etc.) Specify the basis for all

calculations, for example the number of hours at so much per hour, number of miles at so much per mile, type and number of supplies at so much per unit.

*Character Limit: 5000*

### **Other Sources of Support/Funding**

List other potential and actual sources of support. Please include the funder name and the dollar amount you are expected to receive or have received, e.g., Rochester Area Community Foundation \$5,000. Put an asterisk by those committed, noting any matching fund requirements.

*Character Limit: 10000*

### **Funding History**

List major funders of this program/project for the past two years (if applicable). Please include the name of the funder and the dollar amount you received, e.g., Rochester Area Community Foundation \$5,000.

*Character Limit: 10000*

### **Need Addressed\***

Please share a few-sentence summary of the need your program or project addresses.

*Character Limit: 10000*

### **Demand for your proposed project\***

Please summarize customer demand for your proposed project. (Waiting lists, unfulfilled requests, etc.)

*Character Limit: 5000*

### **Community Betterment\***

Please provide a brief description of how your program/project provides a direct or indirect benefit to residents of Macedon/Southwest Wayne County and/or significant community-wide impact.

*Character Limit: 3500*

### **Resources & Activities\***

Describe what you propose to do, how you will do it, and the resources that will support your efforts.

*Character Limit: 5000*

### **Program/Project Detailed Description\***

Please describe the program/project in detail.

*Character Limit: 10000*

## Collaborative Partners

If you have any collaborative partners please provide the names and roles of each and upload letters of support if applicable.

*Please note: Only one file can be uploaded. If submitting more than one letter of support, you must combine all documents into one file.*

*Character Limit: 5000 | File Size Limit: 4 MB*

## Outcomes\*

What will be better because of this project? What research or evidence proves that this program will have the desired outcomes?

*Character Limit: 5000*

## Program/Project Activities and Evaluation

---

Using the text boxes below, please describe up to five (5) of the main activities of your program/project.

### Activity #1:\*

1. What is the activity? (*What will be done?*)
2. What is the timeline for the program/project? (*Start month/year - End month/year*)
3. Who are the persons responsible for carrying out the program/project?

*Character Limit: 10000*

### Activity #2:

1. What is the activity? (*What will be done?*)
2. What is the timeline for the program/project? (*Start month/year - End month/year*)
3. Who are the persons responsible for carrying out the program/project?

*Character Limit: 10000*

### Activity #3:

1. What is the activity? (*What will be done?*)
2. What is the timeline for the program/project? (*Start month/year - End month/year*)
3. Who are the persons responsible for carrying out the program/project?

*Character Limit: 10000*

### Activity #4:

1. What is the activity? (*What will be done?*)
2. What is the timeline for the program/project? (*Start month/year - End month/year*)

3. Who are the persons responsible for carrying out the program/project?

*Character Limit: 10000*

**Activity #5:**

1. What is the activity? *(What will be done?)*
2. What is the timeline for the program/project? *(Start month/year - End month/year)*
3. Who are the persons responsible for carrying out the program/project?

*Character Limit: 10000*

**Future of Program/Project Beyond Grant Period\***

If the program/project is expected to continue beyond the grant period, describe your plans for its continuation, including how it will be funded.

*Character Limit: 5000*

*Internal Metrics*

---

**Initial impression**

If you have any initial thoughts about this application please share it here.

*Character Limit: 1500*

**Program Officer\***

**Choices**

- AJG
- MAY
- NAN
- PAT
- SAR
- SIM

**Request Type\***

**Choices**

- Annual Campaign
- Capital/Expansion
- Conference/Spec Even
- Debt Reduction
- Emergency
- Endowment
- Equipment
- Grant to Individual
- Land Acquisition
- Match or Challenge
- Operating Support
- PRI/Loan

Program Support  
Publications  
Renovation  
Research  
Scholarship  
Schlrshp-Sch/Org/Des  
Schlrshp-DA/CCA  
Schlrshp-EnrichmntOp  
Specific Project  
Staff Development  
Start up/Seed/Pilot  
Technical Assistance

## **Program Area\***

### **Choices**

Abuse Intervention  
Advocacy/Civil Rights  
Aging  
Alternatives to Incarceration  
Animals  
Art Education  
Arts/Culture/Humanities  
Case Management  
Child/Youth Development  
Communications  
Conflict Resolution  
Continuing/Adult Education  
Crime/Safety/Delinquency  
Crisis Intervention  
Dependent Care  
Disabilities  
Disaster Relief  
Early Childhood Education  
Education/Training (general)  
Emergency Assistance  
Employment/Jobs/Training  
Entertainment  
Environment  
Evaluation  
Family Stability  
Food/Nutrition  
Health/General Prevention  
Higher Education  
Historical  
HIV/AIDS  
Homelessness  
Hospice  
Housing/Shelter



Human Services/general  
Information & Referral  
International/Foreign  
K-12 Education  
Labor Management Relations  
Leadership Development  
Legal Services  
Libraries  
Literacy  
Medical Care  
Medical Research  
Men's Issues  
Mental Health  
Music  
Neighborhood/Community/Economic Development  
Organizational Capacity Building  
Other  
Philanthropy  
Protection/Security  
Recreation/Sports/Leisure  
Religion  
Residential Care  
Science/Math Education  
Science/Technology  
Social Science Research  
Society Benefit  
Specific Disorder  
Transportation  
Visual/Performing/Fine Arts  
Volunteer/Community Service  
Women's Issues

### **Project Code\***

Proactive = grantmaking with more focused goals and a defined set of strategies (i.e. invites, RFPs, convenings, collaboratives) also grants from "Funds with Special Circumstances" (formerly *Salmon Report*).

Responsive = open to receiving proposals and ideas from any nonprofit and allowing the nonprofits to drive the agenda.

Non-Comp/DA Sugg - direct = Giving Circles

Non-Comp/FIS SPN = Initiative and some Giving Circles

### **Choices**

Comp-Proactive  
Comp-Responsive  
Non-Comp/DA Sugg - direct

President's Fund  
Scholarship  
Non-Comp/FIS SPN

## Strategy\*

Use our the action areas from our current framework wherever possible. See [HERE](#) for the link to the current strategy code guide.

### Choices

Aging  
Arts & Culture  
Church/Religious  
Civic Engagement  
Community Assistance  
Early Childhood  
Education  
Environment  
Financial/Economic/Community Development  
Health  
Historical Preservation  
Humanitarian-Global  
Poverty  
Racial Equity  
Women & Girls  
Youth & Families

## Region\*

This refers to where the services are being delivered. If project/program operates in multiple counties select "Region/Area 8 County"

### Choices

Region/Area 8 County  
Genesee County  
Livingston County  
Monroe County  
Ontario County  
Orleans County  
Seneca County  
Wayne County  
Yates County  
National Scope  
Outside NYS  
Outside RACF Area  
Outside USA  
Rochester  
NE Rochester  
NW Rochester  
SE Rochester  
SW Rochester

## Committee Code\*

### Choices

African American Giving Initiative (AAGI)  
Albert C. Snell Memorial Fund  
Bullis Advisory Committee  
Developmental Disabilities Giving Circle (DDGC)  
Feinbloom  
Helen L. Morris Supporting Foundation  
John F. Wegman  
LGBT Giving Circle  
Marshall Fund Advisory Committee  
Narrow FOI Staff Review  
NeighborGood Advisory Committee  
NextGen  
PDC: Program Distributions  
Rochester Women's Giving Circle (RWGC)  
Rochester's Child Advisory Committee  
Wayne County Community Endowment Advisory Committee  
Yates Community Endowment Advisory Board  
Youth Sports Task Force